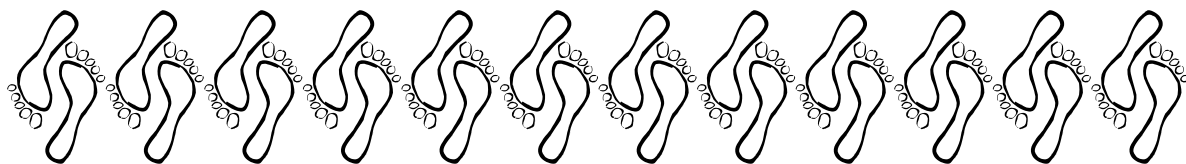




# **Resource Manual for Educationally Related Occupational Therapy and Physical Therapy in Kentucky Public Schools**

**September 2006**



The question that requires an answer is NOT “Does the student qualify for occupational therapy or physical therapy in school?”...but rather... “Is an occupational therapist’s or physical therapist’s knowledge and expertise a necessary component of the student’s educational program in order for him/her to achieve identified outcomes?” This is determined by the Admissions and Release Committee (ARC) following development of the IEP goals, benchmarks/objectives, and specially designed instruction.

### **Acknowledgements**

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## Credits

The following documents were adapted and modified for use in development of this document:

*Iowa Guidelines for Educationally Related  
Occupational Therapy Services,*  
Iowa Department of Education, 2001

*Iowa Guidelines for Educationally Related  
Physical Therapy Services,*  
Iowa Department of Education, 2001

*Guidelines for Occupational Therapy in  
Educational Settings,* State of Connecticut  
Department of Education, 1999

*Handbook for Occupational & Physical  
Therapy Services in the Public Schools of  
Virginia,* Commonwealth of Virginia  
Department of Education, 2004

*Guidelines for Determining the Need for  
Occupational Therapy and Physical Therapy  
Services in Educational Settings,* Kentucky  
Department of Education, 1995

*Guidelines for the Delivery of Occupational  
Therapy and Physical Therapy Services in  
Educational Settings,* Kentucky Department  
of Education, 1997

This document reflects current guidelines as of September 2006. Changes in laws, regulations, and practices regarding occupational therapy and physical therapy services in the educational setting may affect the content of this document.

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## **Section I: Defining Roles**

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### **Introduction**

#### **Individuals with Disabilities Education Improvement Act 2004**

On December 3, 2004, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) was enacted into law as Public Law 108-446. The statutes, as passed by Congress and signed by the President, reauthorizes and makes significant changes to the Individuals with Disabilities Education Act of 1997 (IDEA 97).

IDEA 2004 is intended to help children with disabilities achieve high standards – by promoting accountability for results enhancing parental involvement, using proven practices and materials, and providing more flexibility and reducing paperwork burdens for teachers, local school districts, and states. Enactment of the new law provides an opportunity to consider improvements in the current regulations to strengthen the federal effort to ensure every child with a disability has available a free and appropriate public education that is of high quality and designed to achieve the high standards reflected in the Elementary and Secondary Act of 1965, as amended by the No Child Left Behind Act of 2001 (NCLB) and its implementing regulations.

The purpose of the proposed changes in IDEA 2004 is to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living.

#### **Rehabilitation Act of 1973, Section 504**

The purpose of Section 504 of the Rehabilitation Act is to ensure that no student with a disability (handicapped person) will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from federal financial assistance. Handicapped person is defined in Section 504 regulations as, "...any person who has a physical or mental impairment which substantially limits a major life activity, has record of such an impairment, or is regarded as having such an impairment." In 1992, the Office of Civil Rights clarified this definition; unless a person actually has a handicapping condition, the mere fact that he/she has a "record of" or is "regarded as" handicapped is insufficient. Also, the word handicap was replaced with disability.

Unlike IDEA, Section 504 does not provide a specific list of categories for disabilities with strict eligibility requirements. Section 504 includes short-term and long-term disabilities that may be interfering with the child's ability to access the general curriculum.

There may be students who are not eligible for services under IDEA who may qualify under Section 504. Similar to IDEA, Section 504 regulations provide that students with disabilities be placed with non-disabled peers to the "maximum extent appropriate" to their individual needs. It further requires that students with disabilities be placed in the "regular environment" unless it is established that a satisfactory education cannot be achieved with supplementary aids and

services. If needed by the student with a disability, services, accommodations, and/or modifications must be provided in both academic and non-academic settings, including extracurricular activities.

Section 504 does not require an individualized education program (IEP), but it does require its functional equivalent, which is termed a 504 plan or an educational plan. Local school districts must have procedures for implementing Section 504 services.

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### **Purpose**

The purpose of this handbook is to provide a resource document to guide the provision of school-based occupational therapy and physical therapy services to support the participation of students with disabilities in the educational setting. This handbook replaces Kentucky Department of Education (KDE)'s *Guidelines for Determining the Need for Occupational Therapy and Physical Therapy Services in Educational Settings* (1995) and KDE's *Guidelines for the Delivery of Occupational Therapy and Physical Therapy Services in Educational Settings* (1997).

This handbook is not regulatory, but can serve as a source of information and suggestions for implementing occupational therapy and physical therapy services. Its intent is to supplement, not replace, Kentucky Administrative Regulations and local school board policy.

This handbook is written for special education administrators, providers of occupational therapy and physical therapy services, and school personnel responsible for IEPs, 504 plans, and/or service plans. In addition, this handbook may benefit parents, teachers, and other professionals.

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### **Background**

Laws and regulations, both federal and state, mandate that all students have available to them a free and appropriate public education (FAPE) that includes special education and related services. FAPE is a statutory term that includes special education and related services to be provided in accordance with an IEP.

According to *Kentucky Administrative Regulations for Special Education Programs* (2000), related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education. It includes speech-language pathology and audiology services, psychological services, physical therapy, occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in children, counseling services including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also means school health services, social work services in schools, and parent counseling and training.

School districts are mandated to provide the related services of occupational therapy and physical therapy when a student requires either or both services to benefit from special education and/or



to access the general education curriculum. The student's school-based therapy goals based on academic and functional performance should directly relate to and support his/her academic program. Occupational therapy and physical therapy services are provided only when a student is unable to benefit from special education and/or access the general curriculum without these services. The educational needs of students with disabilities are best served in the least restrictive environment (LRE) by using a variety of instructional strategies, with emphasis on collaborative team models that facilitate learning in the students' educational settings. The appropriateness and extent of therapy services must be related to the academic and functional needs rather than the medical needs of the student with disabilities. Occupational therapy and physical therapy services must be provided when specified in a student's IEP or service plan as defined by IDEA 2004, or in an educational plan as defined by the Rehabilitation Act of 1973, Section 504, and its amendment.

Occupational therapy and physical therapy are separate professions. Each discipline has specific areas of skill and expertise which defines their scope of practice. In Kentucky, the Kentucky Board of Licensure for Occupational Therapy regulates occupational therapy practices, and the Kentucky State Board of Physical Therapy regulates physical therapy practices

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### **A Distinction between School-Based Therapy and Non-School-Based Therapy**

Occupational therapy and physical therapy provided within the educational setting must be educationally relevant and necessary for the student to benefit from Kentucky's educational system for all students. The determination of when occupational therapy and physical therapy are educationally relevant is a complex issue. Several issues must be considered when determining the appropriate level of school-based and non-school-based therapy.

Therapy provided within the school setting has a different orientation than therapy provided in non-school settings. School-based therapy involves "teaming" in which recommendations and decisions are made based on input from all team members in order to determine a student's total educational plan.

School-based therapists identify needs of the student and assist in providing strategies on how to best capitalize on abilities as well as minimize the impact of the disabilities in the educational environment. The school-based therapist evaluates a student to determine abilities as well as disabilities. The school-based therapist provides data for the committee to determine the adverse effect these disabilities may have on the student's performance in the educational and/or community-based instructional settings. Input is gathered from teachers, parents, students, and other educational staff as to how these challenges may influence performance areas within the educational environment.

The primary role of a school-based therapist is to assist students in benefiting from their educational program. A general guideline is that therapy must contribute to the development, or improvement, of the student's academic and functional performance. If a student has an identifiable therapy need that does not affect the student's ability to learn, function, and profit from the educational experience, that therapy is not the responsibility of the school district.

Most non-school-based therapists do not have IDEA requirement criteria superimposed on their recommendations for intervention.

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### **Knowledge and Experience of a School-Based Therapist**

School administrators should be aware that occupational therapy and physical therapy training does not necessarily address the competencies needed by these practitioners in educational settings. When a school district is hiring or contracting for services of an occupational therapist (OT) or physical therapist (PT), both parties should discuss expectations for service delivery and distinguish between school-based and non-school-based services. Administrators may wish to address the use of collaborative and integrated therapy strategies by school-based therapists and teachers. Instructional focus should be on the general curriculum needs of the student. Best practice encourages an emphasis on maximizing the amount of time that the student participates in academic instruction. Therapists should be able to provide consultation across all curriculum areas appropriate to the needs of the student.

The following knowledge and skills are recommended to ensure appropriate occupational therapy and physical therapy services are provided in educational environments:

- Knowledge of current federal and state regulations, due process requirements, and district policies and procedures pertaining to special education and Section 504;
- Knowledge of educational and medical disabilities of students;
- Ability to select/administer appropriate assessment tools and interpret/report evaluation results correctly;
- Ability to evaluate the functional performance of students within an educational (school and community) environment;
- Ability to participate in group decision making and planning of appropriate intervention strategies;
- Ability to integrate related services to support the student's educational goals or modifications;
- Knowledge of major theories, intervention strategies and peer-reviewed research documenting their effectiveness and the ability to relate that knowledge to the educational implications for students;
- Ability to plan, develop, implement, evaluate, and modify activities for student centered therapeutic intervention within the educational program;
- Ability to document intervention results and progress towards IEP goals, and communicate this information to the student's educational team;
- Ability to communicate effectively (in writing and orally) and work in teams with educational personnel, administrators, parents, students, and community members; and
- Ability to interpret the role of therapeutic intervention within the educational program to educational personnel, administrators, parents, students, and community members.

Therapists may need to attend additional trainings or be paired with a mentor to develop additional knowledge about school-based practice, especially knowledge of distinctions between

school-based and non-school services, collaboration and integrated therapy strategies, and general curriculum requirements for all students.

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### **Definition of Occupational Therapy**

According to the American Occupational Therapy Association (AOTA), occupational therapy is concerned with a person's ability to participate in daily life activities or "occupations." In the school setting, an OT uses their expertise to help children to be prepared for and perform learning and school related activities and to fulfill their role as students. In this setting, occupational therapy supports academic and non-academic outcomes, including social skills, math, reading, writing, recess, sports participation, self-help skills, and prevocational/vocational participation for children and students with disabilities, 3-21 years of age. An OT is skilled in facilitating access to curricular and extra-curricular activities for all students through supports, design planning and other methods. Additionally, they play a role in training parents, other staff members, and caregivers regarding educating students with diverse learning needs (AOTA, 2004). Occupational therapy addresses performance skills (i.e., motor, process, and communication/interaction), performance patterns (i.e., habits, routines, and roles), performance contexts (i.e., cultural, physical, and social), activity demands, and student factors (i.e., body functions and structures) (AOTA, 2002).

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### **Qualifications of the OT**

**Educational Requirements:** The OT must have an entry-level bachelors, masters, or doctoral degree in occupational therapy from an accredited occupational therapy program as verified by the Accreditation Council for Occupational Therapy Education (ACOTE). As of January 2007, all entry-level programs will be at the post-baccalaureate level. This will not change local district hiring practices, unless license requirements change at a later date.

**Licensure:** The OT must pass the occupational therapy registration examination and hold a current, active Kentucky license to practice as issued by the Kentucky Board of Licensure for Occupational Therapy. This license must be renewed annually, before July 1, with payment of a renewal fee and evidence of the required 12 continuing competency units.

**Temporary Permits:** A graduate of an accredited occupational therapy program who has submitted satisfactory evidence that he/she has been accepted as a candidate for licensure by examination may be granted a temporary permit, which is valid until the applicant for licensure is issued or denied a license. A temporary permit is valid for up to 180 days from issuance by the board. Upon successful completion of the certification exam, a temporary permit holder may immediately submit a copy of the certification to the board to obtain a license. Not more than one temporary permit shall be granted per applicant.

Upon issuance of a temporary permit, an OT applicant may work only under the supervision of an OT in good standing with, and approved by, the licensure board. The supervising therapist is responsible for all occupational therapy outcomes, must be available at all times to provide

supervision, and must provide at least 30 minutes of face-to-face supervision daily. Face-to-face supervision means being physically present and being able to directly communicate with the permit holder while observing and guiding his/her activities. The temporary permit holder may perform all of the functions of the OT with the exception of supervision.

A copy of *Laws and Regulations Relating to Licensure as an Occupational Therapist* may be found at <http://finance.ky.gov/ourcabinet/caboff/OAS/op/occupth/>.

Questions should be addressed to:

Kentucky Board of Licensure for Occupational Therapy  
P.O. Box 136  
Frankfort, KY 40602  
502-564-3296

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### **Qualifications of the Occupational Therapy Assistant (OTA)**

**Educational Requirements:** An OTA means a person licensed to assist in the practice of occupational therapy who works under the supervision of a licensed OT. An OTA is a graduate of an accredited OTA program.

**Licensure:** The OTA must pass the occupational therapy assistant licensure examination and hold a current, active, Kentucky license to practice as issued by the Kentucky Board of Licensure for Occupational Therapy. This license must be renewed annually, before July 1, with payment of a renewal fee and evidence of the required 12 continuing competency units. The temporary permit process for an OTA follows the same format as that of an OT applicant.

**Supervision Requirements:** An OTA assists in the practice of occupational therapy only under the supervision of a licensed OT. The supervisor assigns, and the assistant accepts, only those duties and responsibilities for which the assistant is specifically trained and is qualified to perform.

The supervisor must provide no less than 4 hours per month of general supervision for each OTA, which includes no less than 2 hours of face-to-face supervision. The amount of supervision time is prorated for a part-time assistant. The supervisor, or the OTA, may institute additional supervision based on the competence and experience of the OTA. A supervising OT must not have more than the equivalent of three full-time OTA under supervision at any one time.

The supervisor must countersign those aspects of the initial evaluation, the plan of care, and the discharge summary recorded by the OTA within 14 calendar days of the notation. This documentation is included in the student's cumulative record.

The supervising OT and OTA under supervision must maintain a log that documents the frequency and type of supervision provided, the process of supervision implemented (e.g., observation, dialogue, and discussion), and instructional techniques employed.

Legally, no one except an OT or OTA can claim to be an OT or OTA delivering occupational therapy services. However, educational staff members may implement therapeutic activities based on the recommendations and instruction of the OT or OTA.

For additional information on supervision of an OTA, refer to *Laws and Regulations Relating to Licensure as an Occupational Therapist* at <http://finance.ky.gov/ourcabinet/caboff/OAS/op/occupth/>.

Questions should be addressed to:

Kentucky Board of Licensure for Occupational Therapy  
P.O. Box 1360  
Frankfort, KY 40602  
502-564-3296

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### **Role of the OT in the Educational Setting**

The role of the OT working in the educational setting is multi-faceted. The overall goal of services is to assist students to access and benefit from the educational program by identifying the strengths that support success and the barriers that are limiting participation.

The OT works with:

- Students to improve their performance in a variety of learning environments (e.g., playgrounds, classrooms, cafeterias, bathrooms);
- Parents to help them support their children's learning and participation in school;
- Educators and other school support staff to plan and develop activities and environments that include all students;
- Para-educators to support child success and promote child safety within the school environment (e.g., physical and behavioral assistance needs); and
- Administrators to provide training for student, staff and parents, as well as to recommend equipment for schools and ways to modify existing buildings and curriculum for all (AOTA, 2003).

The OT in the educational setting is responsible for the following roles:

- **Identification and Planning:** The OT assesses/evaluates students, interprets results, and assists in developing goals for integrated intervention services in collaboration with the Admission and Release Committee (ARC) or 504 Committee.

As part of this process, pertinent medical and health information should be obtained and considered by the OT. Some students may have a medical diagnosis or impairment identified by personnel in a medical facility, which do not interfere with their academic and functional performance and thus they would not need occupational therapy as part of their IEP or 504 plan. Other students may have a medical diagnosis, which significantly

affects their school performance and thus they may require occupational therapy services on their IEP or 504 plan as well as in community settings. The role of the OT working in educational environments is to assist the student in meeting his/her educational goals, not to meet the total occupational therapy needs of the student.

- **Service Delivery:** The OT participates in the development and implementation of the educational services based on the goals and specially designed instruction developed by the ARC or 504 plan committee. This is done by employing strategies, adaptations, modifications, and/or assistive technology to reduce barriers that limit student participation and increase success in the educational process. More specifically, the therapist analyzes what a student needs to do to participate successfully in a school setting by assessing areas of occupation, and the combined influence of individual characteristics, performance skills, performance patterns (i.e., routines, habits and roles), the educational context, and specific activity demands.
- **Therapy Services Administration and Management:** The OT establishes procedures for implementing therapy programs and participates in the administration, management, and maintenance of the programs. This includes documentation, record keeping, and supervision of OTAs. If the school district participates in Medicaid reimbursement, the therapist follows the established procedures.
- **Professional Growth and Ethics:** The OT adheres to the ethical and legal standards of the profession to develop professionally. He/she adheres to established rules, regulations, and laws and works cooperatively to accomplish the goals of the school district as defined by the ARC. Therapists should be knowledgeable of and able to implement current, effective research-based practices.

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### **Role of the OTA in the Educational Setting**

The OTA provides occupational therapy services to assigned students solely under the direction and supervision of an OT.

An OTA may contribute to the evaluation process by gathering data, administering structured tests, and reporting observations. However, the OTA may not evaluate independently or initiate therapy prior to the OT evaluation. While the OT takes primary responsibility for intervention planning, delivery of services, and the outcome, the OTA may contribute to intervention planning and carry out therapeutic interventions as assigned by the OT. The OTA also may contribute to the discontinuation of intervention, but the OT is ultimately responsible for the discontinuation of therapy services.

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### **Definition of Physical Therapy**

According to the American Physical Therapy Association (APTA), physical therapy services support the educational team and help the student perform successfully in school. Physical

therapy addresses the ability to move parts of the body, assume and maintain postures, and organize movement and functional gross motor skills. The PT works with students to build strength and endurance for functional mobility (e.g., climbing stairs, opening doors, mobility in and about the school, carrying materials, accessing the playground, participating in field trips and work experiences).

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## **Qualifications of the PT**

### **Educational Requirements**

The PT must have an entry-level bachelors, masters, or doctoral degree in physical therapy from an accredited physical therapy program as approved by the APTA. Currently all entry-level programs are at the masters degree level.

### **Licensure**

The PT must pass the physical therapy licensure examination and hold a current, active Kentucky license to practice as issued by the Kentucky Board of Physical Therapy. This license must be renewed every two years upon payment on or before March 31 of each uneven numbered year. The Board further mandates data evidence of required biennial continuing competencies of 30 hours of learning activities.

### **Temporary Permits**

A graduate of an accredited physical therapy program who has submitted satisfactory evidence that he/she has been accepted as a candidate for licensure by examination may be granted a temporary permit which is valid until his/her licensure examination is graded and is notified by the board of his/her score.

Upon issuance of a temporary permit for a PT applicant, the applicant may work only under the supervision of a PT practicing in Kentucky on an unrestricted credential. The supervising PT for the PT applicant must be available and accessible by telecommunications at all times during the working hours of the applicant with the temporary permit. He/she is responsible for the direction of the actions of the person supervised when services are performed by the person with a temporary permit and must cosign all evaluations and physical therapy notes within 14 days of service delivery, documenting the date of the record review.

The temporary permit shall be revoked if the applicant fails to obtain a passing score on the examination or fails to complete the scheduled examination within the initial 60 day eligibility period.

A copy of *Laws and Regulations of Physical Therapy* may be found at <http://pt.ky.gov>.

Questions should be addressed to:

Kentucky State Board of Physical Therapy  
9110 Leesgate Road, Suite 6  
Louisville, Kentucky 40222-5159  
502-327-8497

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## **Qualifications of the Physical Therapist Assistant (PTA)**

### **Educational Requirements**

The PTA must be a graduate of a two year college level education program from an approved and accredited PTA program.

### **Licensure**

The PTA must pass the PTA licensure examination and hold a current Kentucky license to practice as issued by the Kentucky Board of Physical Therapy. This license must be renewed every two years, and the Board further mandates data evidence of required biennial continuing competencies of 20 hours of learning activities. A graduate of an accredited PTA program may not practice until he/she obtains a license granted by the Kentucky Board of Physical Therapy.

### **Supervision Requirements**

A PTA is permitted to perform physical therapy functions within his/her capabilities and training only under the supervision and direction of a PT. The scope of such functions excludes initial evaluation of students, initiation of new treatments, and alterations of the therapeutic plan. The PTA must refuse to carry out procedures that he/she believes are not in the best interest of the student or that he/she is not competent to provide by training or skill level. The first intervention session of the PTA must be made only after verbal or written communication with the PT following evaluation regarding the student's status and therapeutic plan. Upon direction from the PT, the PTA may gather data relating to the student's disability, but not determine the significance of the data as it pertains to the development of the plan of care. The PTA may refer to the PT inquiries that require an interpretation of student information related to rehabilitation potential. The PTA must comply with the plan of supervision established by the PT and communicate any change or lack of change which occurs in the student's condition, which may indicate the need for reassessment and discontinue physical therapy services if reassessments are not done in compliance with Section 4(3)(i)-(l) of the *Laws and Regulations of Physical Therapy*. Documentation of the communication and supervised visits must be made in the student's records. The PT must reevaluate the therapeutic plan at least once every 90 days, with the PTA present.

Legally, no one except a PT and PTA can claim to be a PT or PTA delivering physical therapy services. However, educational staff members may implement student specific activities based on the recommendations and instruction of the PT or PTA.



For additional information on the supervision of a PTA, refer to *Laws and Regulations of Physical Therapy* found at <http://pt.ky.gov>.

Questions should be addressed to:

Kentucky State Board of Physical Therapy  
9110 Leesgate Road, Suite 6  
Louisville, Kentucky 40222-5159  
502-327-8497

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### **Role of the PT in the Educational Setting**

The PT working in educational environments provides services to assist students in benefiting from their educational program. The student's capabilities and needs in relation to his/her present level of academic and functional performance are the focus for identifying goals, objectives, and services to promote function within the educational environment and anticipate needs to achieve independent living and self sufficiency.

Pertinent medical and health information should be obtained and considered by the PT. Some students may have a medical diagnosis or impairment, identified by personnel in a medical facility, which do not interfere with their academic and functional performance and thus they would not need physical therapy services as part of their IEP or 504 plan in the educational setting. Other students may have a medical diagnosis, which significantly affects their school performance and thus they may require physical therapy services as part of their IEP or 504 plan as well as in community settings. The role of the PT working in educational environments is to assist the student in meeting his/her educational goals, not to meet the total physical therapy needs of the student.

Physical therapy intervention procedures should be specific to each student's individual needs. *The Guide to Physical Therapist Practice* (APTA, 2001) defines intervention as the "purposeful and skilled interaction of the PT with the patient/client and, when appropriate, with other individuals involved in care using various physical therapy methods and techniques to produce changes in the condition that are consistent with the evaluation, diagnosis, and prognosis" (p. 43).

The intervention approach used should relate to the need for functional motor skills identified by the student's goals. There are many different intervention philosophies and strategies that the therapist may choose to use. It is the responsibility of the therapist to be aware of currently accepted therapy procedures and evidence-based practice to determine the best method to translate this knowledge into practice. Therapists should always strive to provide interventions in the natural or least restrictive environment for each student receiving therapy.

The student's functional motor skills in the areas of mobility, movement, posture/positioning, and safety in the environment need to be assessed by the PT. The following criteria should be considered to determine if the student's needs require the expertise of the therapist:

- There is a significant limitation in at least one functional motor skill area;
- The problem adversely affects the student's ability to benefit from his/her educational program;
- The potential for student improvement over time through intervention appears unlikely (change is unrelated to maturity); and
- The unique expertise of a therapist is required to meet the student's identified needs or to assist the team in providing the educational program.

The PT in the educational setting is responsible for the following roles:

- **Identification and Planning:** The PT is responsible for assessing and evaluating students, interpreting the results of the evaluation, and recommending services, along with student's team, if the ARC determines that physical therapy would assist in promoting the student's benefit from education. The therapist works with the ARC or 504 plan committee to develop goals for collaborative services and design an intervention plan to help achieve those goals. The role of the PT in the educational setting is to provide services to the student as identified on the IEP or accommodation plan, not to meet the non-educational needs of the student.
- **Service Delivery:** The PT participates as a team member with the ARC or 504 Committee to assist the student and the student's family in identifying the student's priorities, strengths, and needs. The team works on the development and implementation of strategies, goals, and specially designed instruction for educational performance and anticipation of future needs to achieve independent living and self-sufficiency. The PT develops a plan of care for the student related to the student's educational goals.
- **Therapy Services Administration and Management:** The PT establishes procedures for implementing therapy programs and participates in the administration, management, and maintenance of the programs. This includes documentation, record keeping, and supervision of therapy assistants. If the school district participates in Medicaid reimbursement, the therapist follows the established procedures.
- **Professional Growth and Ethics:** The PT adheres to the ethical and legal standards of the profession to develop professionally. He/she adheres to the established rules, regulations, and laws. The therapist works cooperatively to accomplish the goals as defined by the ARC. It is the responsibility of the therapist to be knowledgeable of and to implement current, effective research-based practices.

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### **Role of the PTA in the Educational Setting**

The PTA may provide services only under the supervision and direction of a PT. The PTA may provide treatment only after evaluation and development of a treatment plan by the PT. The PTA must refuse to carry out procedures that he/she believes are not in the best interest of the student or that he/she is not competent to provide by training or skill level. Upon direction from

the PT, the PTA may gather data related to the student's disability, but not determine the significance of the data as it pertains to the development of the plan of care. The PTA must refer inquiries that require interpretation of student information to the PT, and communicate any change, or lack of change, which occurs in the student's condition, which may need reassessment from the PT. If a reassessment is not performed in compliance with the *Laws and Administrative Regulations of Physical Therapy* in the Commonwealth of Kentucky, the PTA must discontinue physical therapy services and communicate this to the appropriate parties.

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### **Role of Therapy Aides/ Para-educators**

Supportive personnel are sometimes employed to assist with the occupational therapy and physical therapy services in public schools. An instructional assistant or therapy aide may provide supportive service only under the supervision and direction of a licensed therapist or therapist assistant. Some duties of the OT or PT aide/para-educator may include, but are not limited to: practice of functional skills with students; fabrication of assistive devices; assistance with record keeping, filing or general clerical functions; inventory and maintenance of therapy equipment; and preparation of materials for students to use in the classroom.

Occupational therapy regulations state “an occupational therapy aide shall provide supportive services only with face-to-face supervision from an OT/L or OTA/L. **The supervising OT/L or OTA/L shall be in direct verbal and visual contact with the occupational therapy aide, at all times, for all therapy-related activities**” 201 KAR 28:130 Section 4 (1 &2).

Physical Therapy Regulations states that “when supervising supportive personnel, the PT shall be limited to supervising no more than four full time supportive personnel and shall not delegate procedures or techniques to supportive personnel if it is outside their scope of training, education or expertise” (201 KAR 22:053 Section 4).

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### **Role of Occupational Therapy and Physical Therapy in Assistive Technology Services**

A school district must ensure that an assistive technology (AT) device(s) and/or assistive technology services are made available to a child with a disability if required as part of the child's special education, related services, or supplemental aids and services.

**Assistive technology** (AT) services mean “any service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. This term shall include:

- (a) evaluation of the needs of the child with a disability, including a functional evaluation of the child in the child's customary environment;
- (b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

- (c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (d) coordinating and using other therapies, interventions, or services with assistive technology devices, like those associated with existing education and rehabilitation plans and programs;
- (e) training or technical assistance for a child with a disability or if appropriate, that child's family; and
- (f) training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals, who provide services to, employ or are otherwise substantially involved in the major life function of the child (707 KAR 1:280 § 1(5)).

State and federal regulations require that AT devices and services be considered during the development of the IEP. When a student's IEP indicates that AT is necessary, the OT and PT may be members of the team providing AT services to the student.

The therapists, in collaboration with other team members, may assist in providing the following AT services:

- **Evaluation:** One of the most critical AT services is the AT evaluation, which may include a functional evaluation of the student in his/her customary environment. The ARC may determine that an AT evaluation is necessary for the student to access the general education curriculum or benefit from special education. The therapist may assist the team in completing the AT evaluation, or the school district may have a central AT team, or evaluator, who assists staff in all schools in evaluating students. As with other types of interventions, ongoing evaluation may be necessary to determine if modifications are needed.
- **Acquisition of AT Devices:** An AT device is any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a student with a disability. This term includes both low technology and high technology devices. The therapist may assist in the purchasing, leasing, or otherwise providing AT devices for the student with a disability.
- **Management of AT Devices:** The therapist may assist in selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing AT devices.
- **Coordination:** The therapist may assist in coordinating and using other therapies, interventions, or services with AT devices, such as those associated with existing education and rehabilitation plans.
- **Training:** The therapist may train or provide technical assistance on the use and care of an AT device to a student with a disability, or if appropriate, the child's family, professionals (including individuals providing education or rehabilitation services),

employers, or other individuals who provide services or are otherwise substantially involved in the major life functions of the student.

If the ARC determines that a student requires AT to access the general education curriculum or benefit from special education services, the requirement must be documented in the student's IEP. If technology was used during an evaluation, or if technology is currently being used, then the student's performance with that technology should be noted in the present level of educational performance. Use of AT may be the condition under which a student accomplishes an IEP goal. Generic descriptions of AT devices (not brand names) may be listed as accommodations or modifications in the IEP. In the IEP, AT services may be provided by the OT, PT, or any staff person working with the student.

Therapists must be knowledgeable about acceptable AT accommodations that may be used in state assessments.

## **Section II – Service Delivery**

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### **The Special Education Process**

IDEA 2004 is the primary law that supports special education. Special education means "specially designed instruction, at no cost to the parents, to meet the unique needs of the child with a disability including instruction in the classroom, in the home, in hospitals and institutions, and in other settings" (707 KAR1:280).

The table below provides an overview of the steps in the special education process:

<b>Early Intervening Services for Students Pre K-12 Grades:</b> Screening or Child Find efforts identify children who may require the development of interventions and modifications within the regular curriculum. If adequate progress is acquired, the Child Find process stops, with interventions and modifications continuing. If adequate progress is not acquired within an appropriate period of time, a referral for an evaluation for the need for special education services may be considered.
<b>Referral:</b> A referral may be made by any source, including Child Find efforts, school staff, parent(s), or other individuals. Results of the early intervening services are reviewed as part of the referral process.
<b>Evaluation:</b> Evaluations shall be completed within 60 schools days following the receipt of parental consent. A child is evaluated in all areas of suspected disability (707 KAR 1:300 § 3).
<b>Eligibility:</b> Eligibility for special education will be determined within 60 school days following parental consent and the completion of the evaluation (707 KAR 1:310 § 1).
<b>IEP:</b> If a child is determined eligible for special education services, the ARC develops an IEP will be developed within 60 school days and within 30 school days of the eligibility determination. The need for related services, including OT and PT, is determined as the IEP is developed (707 KAR 1:320 § 1).
<b>Services:</b> Services must be provided as soon as possible following the date the IEP is developed (707 KAR 1: 320 § 5).
<b>Annual Review/Re-Evaluation:</b> The IEP must be reviewed at least once a year. Re-evaluations must be conducted every three years (707 KAR 1:300 § 3).

The following sections describe and further explain the special education process and how the related services of occupational therapy and physical therapy are considered during this process.

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### **Early Intervening Services for Students Pre K – 12<sup>th</sup> Grade**

A requirement of the IDEA 2004 is that school districts use an early intervening services or problem-solving process for all school-aged children. Each district must attempt to resolve the presenting problem or behaviors of concern in the general education environment before conducting a full and individual evaluation. A typical district process might be the use of building level teams to assist a general education teacher in identifying ways to solve a student's classroom challenges. The OT and PT are usually not members of these teams, but may be contacted by a building representative for recommendations. Therapists may then become involved in a problem-solving process that includes screening, developing measurable goals/objectives/benchmarks, data collection, decision-making, and goal-directed interventions. Sometimes therapists may be able to provide teachers with strategies for making simple changes in the classroom environment that will result in an increase in student achievement. An example of an early intervening services checklist is provided in Appendix A.

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### **Referral**

According to the *Kentucky Administrative Regulations for Special Education Programs* (2000), each local educational agency shall have a referral system that explains how referrals from district and non-district sources will be accepted and acted upon in a timely manner (707 KAR 1:300 § 2).

An occupational therapy and/or physical therapy evaluation can be requested at the time of initial referral if the team believes that the information this team member can provide will be helpful. Occupational therapy and physical therapy evaluations also may be requested once a child is receiving special education services if the team believes they need additional information to implement the IEP.

In Kentucky, occupational therapy and physical therapy do not need a referral from a physician to provide services that are outlined on a student's IEP. The ARC, not a physician, determines the educational and functional need for occupational therapy and/or physical therapy services provided by the local school district. The ARC membership must include a chairperson, the parents, at least one special education teacher, and at least one general education teacher. When related services are to be discussed, the related service providers also are invited to the ARC meeting.

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### **Evaluation**

During an initial referral when it is believed a student may require special education services, the student must be evaluated by qualified professionals in all areas of suspected disability. An

evaluation is a systematic process of gathering and interpreting information. The purpose of the evaluation is to determine eligibility for special education services and to determine the services that are required to resolve the presenting challenge, behavioral concerns, or suspected disability that impacts a student's ability to engage and participate in educational activities.

Occupational therapy and/or physical therapy evaluations are requested when school teams require additional information concerning student performance in areas that impact their participation in the educational setting. The ARC determines the nature of the evaluation and the selection of evaluation tools for a student's suspected disability and how it affects the educational program of the student. School-based therapists are expected to evaluate the student's performance within the educational environment to determine the student's strengths and challenges. The goals of evaluation are to:

- Identify desired outcomes as they relate to the student's academic success;
- Identify functional skills or barriers that impact the student's access to his/her educational program and/or educational environment;
- Assist the ARC in developing strategies to bypass barriers and/or improve performance; and
- Assist the ARC in developing an intervention plan with objectives and strategies.

Assessment tools used by the OT and PT in schools should be carefully chosen to evaluate the student's ability to perform in the educational setting. Those tools must provide relevant information to assist in the development of an appropriate educational program. Appendix B provides a listing of assessment tools that may be used in conjunction with the structured observation.

Evaluations are conducted by appropriately qualified therapists and are comprehensive and objective. Parental consent is required prior to initiation of the evaluation. If there is a current evaluation from an outside source that contains educationally relevant data, the ARC, including the therapist, must consider this information as part of the evaluation.

Upon completion of the evaluation, a written report is completed and delivered to appropriate individuals in a timely manner based on district procedures. Educators and parents find it helpful to have occupational therapy and physical therapy evaluations and findings reported in layperson terms. Medical terms should be explained by definition or by application to the educational setting. In the written report, it is beneficial for the therapist to indicate that the evaluation addresses the student's ability to participate in functional, educationally relevant activities. The evaluation should not include goals, recommended services, or frequency of services. This is decided by the ARC during the development of the IEP.

If the therapist is one of a team of individuals conducting a comprehension evaluation, his/her information may be consolidated into an integrated evaluation report along with other team members' evaluation results.

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The following sections provide more in-depth information about specific areas in which each discipline may be involved in evaluating within the school setting.



## **Occupational Therapy Evaluation Areas**

The AOTA published *Occupational Therapy Practice Framework: Domain and Process* (2002) to guide evaluation considerations, therapeutic reasoning, and structure the provision of therapeutic services.

The initial step in the occupational therapy evaluation process is the completion of the occupational profile. This profile provides an understanding of the student's occupational history and experiences, patterns of daily living, interest values and needs. Concerns of the student, teachers, parents, or other involved persons are identified and priorities are determined. An analysis of occupational performance follows the profile. Student assets and problems, or potential problems, are more specifically identified. Actual performance is often observed in context to identify what supports educational performance and what hinders educational performance. Performance skills, performance patterns, contexts, activity demands, and student factors are all considered, **but only relevant selected aspects may be specifically assessed**.

### **Occupational Profile**

The OT's role is to enhance occupation. Occupations are client directed activities that are meaningful and important to the person. Only the client can define these occupations. To enable occupations and their activities, the OT needs to understand the client and identify client needs and desired outcomes. This is framed within an occupational profile. Some information to gather includes:

- Who is the client (e.g., student, parent, caregiver, educator, agency) and what are their demographics (e.g., age, family, location)?
- What are the client's concerns?
- What significant current or past factors are present (e.g., medical history, educational needs)?
- What provides meaning to occupations/activities (e.g., interests, values, motivators)?
- In what context do the problems occur (i.e., cultural, physical, and social environments)?

The OT may consider the cognitive, psychosocial, and sensorimotor skills of a person, the demands of the occupations and their activities, and the context (i.e., physical, social, and cultural environments) in which the activity occurs. The OT carefully analyzes the interactions between the person, occupation/activity, and context to identify supports and barriers within each of these areas. Sometimes the components of performance such as sensorimotor skills must be addressed to enhance occupational performance. Intervention focuses on improving the person's functions and occupations within their daily life.

The OT should be familiar with professional guidelines and documents such as *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002) and *The Guide to Occupational Therapy Practice* (AOTA, 1999) for further information. These documents form the foundation for the performance area, component, and context information provided next.

Analysis of Occupational Performance

(Following completion of the Occupational Profile)

A. Areas of School Occupation

(Various kinds of educationally-related activities in which students engage)

1. Activities of Daily Living (personal care)
2. Instrumental Activities of Daily Living (interacting with the environment)
3. Education
4. Work
5. Play
6. Leisure
7. Social Participation

B. Performance Skills

(Features of what a student does, not what a student has, related to observable elements of action that have implicit functional purposes)

1. Motor Skills
  - a. Posture
  - b. Mobility
  - c. Coordination
  - d. Strength and Energy
2. Process Skills
  - a. Energy
  - b. Knowledge
  - c. Temporal Organization
  - d. Organizing Space and Objects
  - e. Adaptation
3. Communication/Interaction Skills
  - a. Physicality
  - b. Information Exchange
  - c. Relations

C. Performance Patterns

(Patterns of behavior related to life activities that are habitual or routine)

1. Habits
2. Routines
3. Roles

D. Contexts

(Variety of interrelated conditions within and surrounding the student that influence performance)

1. Cultural
2. Physical
3. Social
4. Personal
5. Spiritual

- 6. Temporal
- 7. Virtual

E. Activity Demands

(Aspects of an activity needed to carry it out)

- 1. Objects and Their Properties
- 2. Space Demands
- 3. Social Demands
- 4. Sequence and Timing
- 5. Required Actions
- 6. Required Body Functions
- 7. Required Body Structures

F. Client Factor

(Those factors that reside within the student and may affect performance in areas of occupation. Knowledge about body functions and structures is considered when determining which functions and structures are needed to carry out an occupation and how the body functions and structures may be changed as a result of engaging in an occupation.)

- 1. Body Functions
  - a. Mental Functions
  - b. Sensory Functions
  - c. Neuromusculoskeletal Functions
  - d. Cardiovascular, Hematological, Immunological, and Respiratory System Functions
  - e. Voice and Speech Functions
  - f. Digestive, Metabolic, and Endocrine System Functions
  - g. Genitourinary and Reproductive Functions
  - h. Skin and Related Structure Functions
- 2. Body Structure Categories
  - a. Structure of the Nervous System
  - b. Eye, Ear, and Related Structures
  - c. Structures Involved in Voice and Speech
  - d. Structures of the Cardiovascular, Immunological and Respiratory Systems
  - e. Structures Related to the Digestive System
  - f. Structures Related to the Genitourinary and Reproductive Systems
  - g. Structures Related to Movement
  - h. Skin and Related Structures

The OT analyzes the supports and challenges impacting a student's ability to participate in school occupations and consider future needs to foster independent living and self-sufficiency. The table below provides an overview (not meant to be inclusive) of areas of occupation appropriate for occupational therapy intervention within the educational setting, along with examples of potential intervention strategies.

<b>Areas of School Occupation</b>		<b>Examples of Possible Occupational Therapy Interventions</b>
<b>Daily Living</b>	<b>Feeding &amp; eating</b>	Oral-motor interventions to facilitate sucking, chewing; selection and adaptation of utensils; instruction on skill of bringing food or drink to mouth.
	<b>Dressing</b>	Strategies for dressing and undressing; application and removal of personal devices, prostheses.
	<b>Hygiene/grooming</b>	Strategies for developing skills in combing and brushing hair, caring for skin, ears and eyes; brushing teeth; methods to clean and maintain personal care devices.
	<b>Toileting</b>	Management of toileting needs (e.g., wiping, management of clothing)
	<b>Community living</b>	Identifying activity demands in the student's community
<b>Education &amp; Work</b>	<b>Access to &amp; participation in classroom curriculum</b>	Assist with adapting assignments with high or low technology; accommodate or modify specific assignments; adapt environment or child's posture so child can join peers in general education settings.
	<b>Attending to instruction</b>	Self-regulatory activities; visual cues for scheduling; strategies to enhance work completion
	<b>Fine motor/hand skills</b>	In-hand manipulation skills; Fine motor skill development (scissors, cutting, drawing, dexterity for managing fasteners)
	<b>Handwriting/written communication</b>	Formation of letters and numbers; use of modifications and accommodations to complete writing; including, access to technology
	<b>Organizational skills</b>	Management of notebooks, desk, homework assignments, backpack; preparation of work area.  Access of equipment such as telephones, assistive

	<b>Functional communication</b>	technology and augmentative communication; oral-motor skills to enhance saliva control.
	<b>Mobility/transitions</b>	Movement from one position to another; movement through space without bumping into walls/students; transitioning from one activity/place to another.
	<b>Pre-vocational</b>	Strategies, modifications and accommodations to match student's skills to job demands
<b>Play/Leisure</b>	<b>Utilizing toys, games and equipment during instruction</b>	Strategies to match student's interests, skills, and opportunities for play and leisure; assist in accessibility and accommodations in playground
<b>Social Participation</b>	<b>Social interaction</b>	Methods to access opportunities and interactions with peers and adults; skills to appropriately interact with others

### **Physical Therapy Evaluation Areas**

Components of physical therapy evaluations include the following:

- Review of pertinent medical history and educational records; including the current IEP or 504 plan;
- Subjective information which may include:
  - a. Interviews with the student, parent(s), and school staff,
  - b. Observations in a variety of student contexts or environments (e.g., classroom, cafeteria, playground, job training site); and
- Objective information which may include:
  - a. Review of the student's neurological, musculoskeletal, cardiopulmonary, and integumentary systems as they relate to the educational setting and performance
  - b. Administration of informal evaluation tools, such as self-care, functional, and behavioral checklists
  - c. Administration of standardized tests and measures in areas of education-related concern
  - d. Evaluation of the examination data for the ARC's consideration.

Physical Therapy Evaluation Areas:

- A. Neuromuscular
  - 1. Developmental (A standardized developmental motor level may be used to identify a delay especially when determining eligibility for Part C Early Intervention Services)
  - 2. Developmental Reflexes Integrity

3. Muscle Tone
  4. Movement Quality and Movement Patterns
  5. Static and Dynamic Balance
  6. Locomotion
  7. Motor Learning and Motor Planning
  8. General Coordination
  9. Visual-Motor Integration
  10. Oral-Motor Control
- B. Musculoskeletal
1. Joint Range of Motion and Joint Mobility
  2. Static Postural Alignment
  3. Strength
  4. Physical Stature
- C. Cardiopulmonary
1. Endurance
  2. Respiratory Status
- D. Integumentary
1. Skin Integrity
  2. Circulation
- E. Functional Motor Skills in Educational Environments
1. Mobility
    - a. Functional Movement Skills: Evaluate the student's ability to move within and around the educationally related school, home, and/or community environments. Evaluate all types of mobility (i.e., rolling, crawling, assisted or independent walking, wheelchair mobility)
    - b. Architectural Accessibility: Evaluate architectural barriers within the student's educational environment including the home, school, and/or the community
    - c. Utilizing appropriate AT: Evaluate the student's need for and use of AT devices (i.e., walkers, wheelchairs, prosthetic and orthotic devices)
    - d. Transfers: Evaluate the student's ability to perform educationally related transfers (i.e., to and from the desk, chair, toilet, floor, bus, cafeteria bench, car).
  2. Positioning
    - a. Independent sitting, standing, etc.: Evaluate the student's ability to achieve and maintain these positions independently as required to benefit from his/her educational program
    - b. Assisted alternative positions: Evaluate the student's need for alternative positions and/or assistive positioning devices within the educational environment (i.e., prone standers, side lyers, adapted tables and chairs)
    - c. Transportation: Evaluate the student's need for specialized and/or adaptive positioning during transportation

The PT must consider how the problem is impacting the student's ability to benefit from their educational program and anticipate future needs to achieve independent living and self-

sufficiency. The areas and examples appropriate for the PT practicing within the educational setting include:

<b>Area of Functional Motor</b>		<b>Examples of Possible Physical Therapy Interventions</b>
<b>Daily Living</b>	<b>Toileting</b>	Transferring on and off toilet  Positioning on the toilet  Environmental lay out for accessibility
<b>Education &amp; Work</b>	<b>Architectural accessibility/safety</b>	Adapting the barriers within the student's, educational environment including the home, school, and/or community (i.e. ramps, stairs, curbs, heavy doors, rough ground)
	<b>Positioning</b>	Assessing student's ability to achieve and maintain independent sitting  Standing and need for alternative positions and/or assistive positioning devices (i.e. standers, side layers, adapted tables and chairs)
	<b>Gross motor</b>	Modifying activities so child can join peers in general education
	<b>Mobility/transition</b>	Assessing the student's ability to move within and around the education related school, home, and/or community environment. Addressing all types of mobility (i.e. assisted or independent walking or moving, wheelchair mobility)
	<b>Transfers</b>	Assessing the student's ability to perform educationally related transfers (i.e. to and from desk, chair, toilet, floor, bus, cafeteria bench, car)
	<b>Assistive devices</b>	Assessing the need and use of assistive devices (i.e. walkers, wheelchairs, prosthetic and orthotic devices)
	<b>Pre-vocational</b>	Suggesting strategies, modifications, accommodations to match student's skills to demands

	<b>Transportation</b>	Consulting on the need of specialized and/or adaptive positioning during transportation
<b>Play and Leisure</b>	<b>Utilizing toys, games, equipment during instruction</b>  <b>Physical education or playground</b>	Assessing functional abilities  Assisting in accessibility and accommodations on playground

### **Eligibility**

A student is eligible for special education services under Kentucky Administrative Regulations if he/she meets the criteria for one or more of the following disabilities and if this disability impacts the child's ability to receive a FAPE. The specific disability categories are:

- Autism
- Deaf/Blind
- Emotional Behavior Disability
- Hearing Impairments
- Functional Mental Disability and Mild Mental Disability
- Multiple Disabilities
- Orthopedic Impairments
- Other Health Impairments
- Specific Learning Disability
- Speech or Language Impairments
- Traumatic Brain Injury
- Visual Impairment
- Developmental Delay

According to IDEA 2004, related services are available to students who qualify for special education services if the related service is shown to be necessary to implement the IEP. Thus, the results of an occupational therapy or physical therapy evaluation or evidence of a delay or impairment does not necessarily mandate services. **The delays or impairments must negatively impact a student's academic and functional performance before the ARC can consider the provision of these services.** However, therapists do offer specialized information and recommendations to support the ARC or 504 Committee decision rather than a unilateral decision.

**The question that requires an answer is NOT “Does the student qualify for occupational therapy or physical therapy in school?”...but rather... “Is an occupational therapist’s or physical therapist’s knowledge and expertise a necessary component of the student’s educational program in order for him/her to achieve identified outcomes?” This will be determined by the**



**ARC following development of the IEP goals, benchmarks/objectives, and specially designed instruction.**

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**IEP**

In Kentucky, an ARC defines and describes the educational program for a student with a qualifying disability by developing an IEP for any student who qualifies for special education services. The IEP is a written plan that describes the unique educational needs of a student with a disability and identifies special education and related services required to meet those needs. The plan is developed, reviewed, and revised during an ARC meeting. The ARC consists of the parent of the student, the student when appropriate, a regular education teacher, a special education teacher, a chairperson, and others when appropriate (i.e., an OT or PT).

An IEP must be in effect before special education and related services are provided to the student. According to IDEA 2004, an IEP must contain several different components including a present level of academic and functional performance, measurable annual goals, benchmarks/objectives, and specially designed instruction (SDI). Additionally the IEP identifies the related services, supplemental aids and services, and program modification required to meet the annual goals and benchmarks/objectives. The type, amount, and location of required services are included in the IEP.

The present level of academic and functional performance is a written passage of the IEP describing how the disability affects the student's participation and progress in the general education curriculum and the educational needs that result from the disability. For early childhood students receiving special education services, the present level of academic and functional performance must indicate how the disability affects the child's participation in appropriate activities. The present level reports baseline measurements and levels of functional skills. Any data not easily understood needs to be explained. The present level of academic and functional performance provides a rationale for the other components of the IEP.

The IEP must state measurable annual goals for the student. The academic and functional goals must relate to the needs of the student resulting from the disability and help the student be involved and progress in the general education curriculum. To ensure the annual goals provide involvement and access to the general education curriculum, the Kentucky Academic Expectations may be used as a guide in writing annual goals. Other curricular documents that may be used as references in writing goals benchmarks/objectives are the Kentucky Program of Studies and the Kentucky Core Content for Assessment. The Kentucky Academic Expectations are provided in Appendix C. Other Kentucky specific curriculum documents can be found at <http://www.education.ky.gov>.

The IEP must state how progress toward the annual goals will be measured. The ARC must inform parents must be informed of progress as often as parents of children without disabilities are informed.

There is no requirement for the ARC to develop specific goals for occupational therapy or physical therapy on the IEP. Performance goals should support the student throughout the educational environment with a focus on implementation integrated into the student's daily routine across all areas of the curriculum and extracurricular activities. As educational team members, therapists work closely with teachers, families, and the student (when appropriate) to identify solutions and implement strategies that help the student participate in an appropriate educational program.

Once eligibility for special education services under IDEA has been established and IEP goals, benchmarks/objectives, and SDI have been developed, the ARC makes decisions about the need for related services. Specially designed instruction is defined as “adapting as appropriate the content, methodology, or delivery of instruction to address the unique needs of the child with a disability and to ensure access of the child to the general curriculum included in the KY Program of Studies, 704 KAR 3:303” (707 KAR 1:280 § 1(51)).

The ARC determines if related services are needed to help the student benefit from his/her educational program or to access the general education curriculum. The following questions may assist the ARC in service determination:

- Does the challenge significantly interfere with the student's ability to access the general education curriculum and prepare for employment and independent living?
- Does the challenge in an identified area appear to be caused by limitations in motor or sensory area?
- Will the student receive appropriate modifications and accommodations and make progress on the IEP goals with assistance from staff other than the OT and/or PT?
- Have previous attempts to alleviate the concerns been successful and documented?
- What is the potential for positive or negative change with/without occupational therapy and/or physical therapy services?
- Will the student's educational environment become more restrictive if occupational therapy and/or physical therapy services are not provided?

**One student may qualify for special education services and require related services from an OT and/or PT because the implementation of the IEP requires the knowledge and training of an OT and/or PT. Another student may qualify for special education services, but not need the support of an OT and/or PT because the general education teacher and/or the special education teacher can successfully implement the IEP.**

The types and amount of services are related directly to the identified needs addressed in the IEP. Before deciding to provide occupational therapy and/or physical therapy as related services, the ARC should utilize the supports or personnel who are currently part of the student's educational program (i.e., the general education teacher, special education teacher, and/or para-professional) to implement the SDI and accommodations for a student.

The ARC makes the decision regarding the frequency, duration, intensity, and amount of therapy services. The ARC should consider how the therapy will effect the student's participation in the

general education curriculum and participation with non-disabled peers. If occupational therapy and/or physical therapy services are provided, the IEP must specify the following:

- Occupational therapy and/or physical therapy in the list of provided services;
- Frequency of each service;
- Date each service will start and end; and
- Location of each service.

The type of methodology used is not listed in the IEP. Frequency of services should be stated in a manner that would indicate flexibility in a variety of educational settings. For example, scheduling services for 2 hours per month might be more beneficial than 30 minutes per week. While the therapist's recommendation is essential, determination of frequency is a decision of the ARC. Therapists should have input into the frequency determination and the decision making process.

If the ARC determines that additional support from an OT and/or PT is necessary, a process may be used to help determine the amount of time, frequency, duration, and staff training requirements. The therapist can use the Educational Relevance Worksheet (ERW) during the IEP meeting to assist with these decisions. The purpose of the ERW is to assure that the services are related to educational and functional goals, provide a systematic means for decision making, give some consistency to the decision-making process across the district and state, help determine the type of service delivery, and help determine the amount of time needed to meet the student's IEP. See examples and more information on the ERW in Appendix D.

If, at the time of the initial placement and assessment review meeting, there are no goals, accommodations, or staff training that require the intervention of an OT or PT, then the ARC will determine there is no need for occupational therapy or physical therapy services. This also is true at any annual review. If there are no longer any goals, accommodations, or staff training that requires the intervention of a therapist, the ARC discontinues services.

The OT and PT present recommendations to the ARC members. If there are questions or disagreements regarding these recommendations, the therapists are encouraged to share the process of using the ERW with the members of the ARC.

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## **Services**

The school-based OT and PT provide services to students and support to staff and families that allow students to be more successful in their educational programs. School-based therapists work closely with educational staff and families to support the students learning in the least restrictive environment. Additionally, therapists play a valuable role in assisting school administrators in planning and implementation issues such as building modifications and new construction, special transportation, curriculum development, safety and injury prevention, and technology.

The delivery of therapy services should be based on educational and medical research and should adhere to IDEA and NCLB principles. Additionally, there are many reference books and publications that serve as guiding standards for therapists working in school systems. See Appendix E for a list of Internet resource for school-based therapists.

With the fast-paced and ever-changing research in healthcare and education, school-based therapists and school administrators must accept the responsibility for continuous learning by monitoring new peer-reviewed research concerning the practice of school-based therapy.

Therapists are obligated to monitor student progress using evidence-based practices and professional self-assessments.

### Key Considerations

The following are key considerations for the delivery of occupational therapy and physical therapy services in the public school setting. These considerations are based on research and guidance from leading experts in the practice of therapy services in school systems:

- Services are provided to enable the student to benefit from his/her special education program and facilitate access to the general education curriculum.
  - a. Strategies should be integrated into the classroom and school environment to support learning of curriculum content.
  - b. Interventions should support skills needed by the student for graduation with a diploma or certificate of completion and to prepare him/her for further education, employment, and independent living (PL 108-446, 118 STAT.2651. Sec.601.d. (1) (A)).
- Services are provided in the student's daily educational routine.
  - a. Skills are taught across all educational settings.
  - b. Therapeutic activities occur throughout the school day and are routinely implemented by instructional staff after "role released" by the therapist. NOTE: A definition of role release is included in this section.
  - c. Skills should be taught in naturally occurring environments.
  - d. Skills should be generalized across different school settings, not isolated solely with the therapist in a separate area, or in only one classroom.
- Services are provided through a team approach.
  - a. Team members share information, strategies, and techniques to assure continuity of services.
  - b. Educational strategies and interventions are developed and implemented jointly by the ARC members, including the student when appropriate.
  - c. Regular team meetings provide communication of information and outcomes that guide the plan of activities and instruction that occurs throughout the day in the classroom, home, and community.
- Services may vary over time.

- a. Student therapy needs may differ in intensity and in focus during the student's school years and could differ in intensity within a school calendar year. For example, there might be the need for a therapist to provide more intensive services at the start of the school year to train new teachers and staff on appropriate strategies, with the services of the therapist to decrease when the educational team can implement the strategies with less frequent input from the therapist.
  - b. These fluctuations are reflected in the IEP or 504 plan and should be fluid and flexible, based on the immediate educational needs at any time during the student's course of study.
  - c. If the student no longer requires the services of an OT and/or PT to benefit from special education, then such services are discontinued.
- Services are provided using a variety of instructional strategies with an emphasis on an integrated collaborative service model.

Quality Program Indicators for Collaborative Services (Rainforth & York-Barr, 1997)

Quality indicators for an integrated collaborative service model include: block scheduling, role release, team meetings, and inclusive educational programming.

- **Block scheduling** refers to large blocks of time created to teach one or more areas of the curriculum to a group of students. Block scheduling includes scheduling special education and related services to support students during longer periods of time in class activities. This scheduling is planned in conjunction with other team members and is flexible to allow team members to work together on individual students' programs when needed. The expectation is that planned, interdisciplinary instruction will enable service providers to provide appropriate services **in the educational environment** rather than pull students out of classes.

Activities during the block scheduled time may include:

- Observing and working directly with students in educational contexts to determine the effectiveness of interventions and the need to make program changes;
- Collaborating with teachers, the student, and paraprofessionals to establish priorities;
- Providing support to primary instructors for training, problem solving, and providing feedback and reinforcement;
- Recording data on student performance; and
- Documenting decisions.

Example of an OT/PT Block Scheduling Situation

A therapist spends 2 hours with a class every Wednesday, dividing time among three main roles:

- Working directly in classroom activities with two students whose IEPs call for discipline specific therapy;
- Working with the teacher and paraprofessional who support the students; and
- Team teaching some activities with the classroom teacher, and participating in team planning.

This kind of schedule enables the therapist to:

- Assess and work with the two students during typical activities, including normal transitions in the classroom and school;
- Influence the way activities are planned to maximize opportunities for the students to improve their skills; and
- Teach both staff and classmates how to assist students with physical limitations.

The therapist must still account for the use of “therapy time,” but now delineates the educationally related activities performed, rather than just student attendance. Although the therapist will not return to the class for a week under this example, the team approach described increases the skill development, carryover, and likely benefit for the students.

- **Role Release** refers to systematic teaching and learning across traditional discipline lines. The integrated, collaborative services team shares or transfers information and skills across traditional discipline boundaries.

Team members provide information and teach intervention techniques to each other to promote consistency in program implementation for individual students. Tasks traditionally performed by one discipline may be delegated, under supervision, to other team members when appropriate training has been provided by qualified personnel. Collaborative intervention does not mean that someone other than an OT, PT, or assistant may provide occupational therapy or physical therapy. However, the team may determine that a therapist can team teach with a special educator or that certain educators or their staff may incorporate into a child’s day the strategies that an OT and/or PT help develop. Practice of tasks in multiple settings is critical for the student’s skill development and generalization.

The levels of role release for occupational therapy and physical therapy include sharing:

- **General Information:** Communicating knowledge about basic practices to other team members to increase understanding or awareness (e.g., teacher sharing

curriculum or schedule; team members making others aware of related workshops, resources, etc.);

- **Specific Informational Skills:** Teaching others to make specific judgments or decisions (e.g., determine if student is positioned properly in wheelchair; teacher instructing others to look at a graph and make a data-based decision about student progress on instructional program); and
- **Performance Competencies:** Training others to perform specific physical actions or procedures to implement programs with specific students (e.g., teaching positioning and use of equipment, lifting and transfer techniques, use of student's communication device, oral motor/feeding techniques, etc.).
- **Team Planning** refers to regularly scheduled meeting times possibly on some of the block scheduled days. This system allows for ongoing communication among team members. Meetings scheduled on a regular basis throughout the school year can be used to review and revise students' instructional programs and for team problem solving. The agenda for team meetings is planned in advance, and minutes from these meetings are recorded and maintained. Notebooks or message areas in the classroom can be used so questions and concerns can be addressed by team members with the needed expertise when they visit the classroom.
- **Inclusive Educational Programming** supports school-based therapists focusing service delivery within the classroom setting and providing opportunities for practice and development of skills within the natural environments. This is done by combining therapeutic intervention with functional task performance to influence a child's educational performance. This approach allows the therapist and teacher to share ideas and concerns within the child's usual setting and stimulate the development of appropriate environmental adaptations and teaching strategies.

Inclusive service provision requires adaptations and special therapeutic techniques to be utilized by the educational staff throughout the day across many activities and environments. Adaptations may include positioning techniques and equipment; handling and physical guidance techniques; oral motor/feeding techniques; accessibility or building and environmental adaptations; and assistive devices in the areas of augmentative communication, self-care, computer access, and environmental control. Inclusive service provision encourages generalization of skills.

The role of related service staff in providing effective therapy services includes the following:

- Training parents and school staff in activities and accommodations to be implemented throughout the student's day;
- Observing and critically analyzing student performance and responses that prevent the student from benefiting from his/her educational program;
- Identifying, selecting, and adapting special materials and equipment;

- Identifying and optimizing natural opportunities for embedding skills during daily routines;
- Collaborating and coordinating with teacher and families for needed change in instruction and learning environment; and
- Consulting with students, parents, and school staff.

The OT, PT, and health professionals must maintain a close relationship with physicians and other health and human service professionals. The Individual Family Service Plan (IFSP) process from Part C mandates this collaboration, but collaboration also needs to occur for all students when appropriate. For example, when a student's medical diagnosis has implications for educational programming, an OT and/or PT should obtain necessary medical information before proceeding with an evaluation or intervention. Appropriately documented written and verbal communication should take place between the therapist and other agencies.

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### **Documentation**

Documentation is a necessary requirement for occupational therapy and physical therapy services provided to students by school-based therapists. All therapy services should be documented, dated, and authenticated by the therapist or therapy assistant who performs the services. If the school system participates in the school-based Medicaid program, specific documentation is required.

Documentation should include:

- Dates and amount of service;
- Reasons why therapist or student were not available for services on a scheduled date;
- Contacts with parents, staff, and other professionals;
- Data that measures progress toward goals;
- IEP progress reports;
- Anecdotal/intervention notes as needed;
- Plan of Care; and
- Discharge summary.

When the ARC determines that occupational therapy and/or physical therapy services are no longer required and are discontinued from the student's IEP, the therapist also must write a discharge summary. The discharge summary shall document the date of discharge, reason, status, and plan for recommendations. This may be documented on the therapist's progress notes, the Plan of Care, the intervention plan, or the educational relevance worksheet.

Every page of student documentation should be properly labeled with the student's name and date of birth for accuracy and identification. All student information, including therapist documentation, is subject to parental and legal review. Student confidentiality is highly regulated by state and federal laws. Therapists must have parental consent prior to releasing any student information, written or verbal, to any outside agency. Discussion with other school staff



should be on a need-to-know basis only. Therapists must be knowledgeable of confidentiality requirements.

Although the IEP is the document that guides the educational program of the student, the PT must document a written Plan of Care/Intervention Plan including “treatment to be rendered, frequency and duration of treatment and measurable goals” (201 KAR 22:053). If these components are not included in the IEP, a separate Plan of Care should be written. A therapist’s Plan of Care is comparable to a teacher’s unit lesson plan.

The PT must perform a reassessment of the student’s Plan of Care every 90 days (201 KAR 22:053, Section 4(3)(j)). The review of the Plan of Care is required by the Kentucky State Board of Physical Therapy for continuation of physical therapy services, not for regulatory special education re-evaluation.

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### **Annual Review/Reevaluation**

#### **Annual Review**

A student’s IEP must be reviewed and updated at least once a year by the ARC. This is called the annual review. If occupational therapy and/or physical therapy services are being provided, the therapist should contribute to this annual review, evaluate progress the student has made, and make recommendations for the type and amount of needed services.

#### **Reevaluation**

A reevaluation must be conducted:

- If conditions warrant a reevaluation;
- If the student’s parent(s) or teacher requests a reevaluation; or
- At least once every three years.

In planning the reevaluation, the ARC will review the existing data. As part of a reevaluation, an ARC and other qualified professionals, as appropriate, reviews the reason for the reevaluation request and existing evaluation data on the student which may include:

- Evaluations and information provided by the parents of the student;
- Current classroom-based assessments and observations; and
- Observations by teachers and related services providers.

The reevaluation team also identifies, on the basis of the review with input from the student’s parents, what additional data, if any, is needed to determine the following:

- Whether the student continues to have a disability or has any additional disabilities;
- The present levels of academic and functional performance of the student;
- Whether the student continues to need special education and related services; and

- Whether any modifications to the special education and related services are needed to enable the student to meet the measurable annual goals and benchmarks/objectives set out in the IEP and to participate, as appropriate, in the general education curriculum.

If the ARC determines that no additional data is required to determine that the student continues to have a disability, the school district notifies the parents of the determination and their right to request further testing.

Each school district provides additional information through local policies and procedures for special education.

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### **Termination of Related Services**

At any annual review, the ARC should discontinue services if there are no longer any goals, SDI, accommodations, or staff training that requires the intervention of a therapist.

The following questions may assist the ARC in service determination:

- Does the challenge continue to significantly interfere with the student's ability to participate in the general education curriculum and in preparation for employment and independent living?
- Does the challenge in an identified area still appear to be caused by limitations in a motor or sensory area?
- Have the interventions successfully alleviated the concerns?
- Does the student show potential to steadily progress without occupational therapy and/or physical therapy services?
- Will the student's educational environment become more restrictive if occupational therapy and/or physical therapy services are discontinued?
- Is therapy contraindicated due to a change in medical or physical status?

The question that needs to be answered in determining whether to terminate a related service should be, "Does the expertise of an OT or PT continue to be a necessary component of the student's educational program in order for him/her to continue achieving identified academic and functional outcomes of the general education curriculum?"

### **Section III: Administration of Therapy Services**

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#### **Workload Considerations**

Workload is the amount of minutes per day, week, or month a therapist needs to work to adequately perform his/her duties. There are a number of factors to consider when determining a therapist's workload.

Caseload is the number of students assigned to the OT and PT for the purpose of providing services determined in the IEP. The Kentucky Administrative Regulations do not provide guidance for a maximum caseload number for occupational therapy or physical therapy service providers. A therapist's caseload is determined as the result of the workload.

The number of students requiring special education and Section 504 services that the OT or PT can adequately serve is influenced by the following workload factors:

- The number of occupational therapy and physical therapy evaluations and reevaluations anticipated in an average month including time for information gathering; data collection; observations in educational environments; consultation with family, school staff and teachers; documentation of evaluation; and attendance at ARC meetings.
- The total amount of occupational therapy and physical therapy services provided as identified on students' IEPs. Also important is the following:
  - a. Additional time spent at the beginning of the school year to develop programs and train other staff;
  - b. Additional time spent to attend ARC meetings; and
  - c. Additional time to address the needs of students who require out of the ordinary adaptations due to severe physical or multiple disabilities or a change in condition.
- The amount of time spent attending ARC meetings to assist with the development of students' IEPs.
- The amount of time required for planning, ordering assistive technology devices and equipment, completing equipment specification documentation, and the daily work of the OT or PT.
- The need for supervision and training of licensed or certified OTA, PTA, therapy aides, and para-educators to meet the supervisory requirements stipulated in Kentucky Administrative Regulations for the practice of occupational therapy and physical therapy.
- The amount of travel time anticipated for a typical week or month. Itinerant therapists serving schools that are widely separated geographically must spend time traveling, organizing upon arrival, organizing for departure, packing and unpacking equipment, and completing documentation/paperwork at each school site.
- The amount of time spent in meetings with community support staff, physicians, and school district staff for collaboration and consultation as well as trainings that are not identified on a specific student's IEP.
- The amount of time spent in general education conducting screening, problem solving, and progress monitoring activities.

- The need for training of students from occupational therapy, physical therapy, early childhood, or special education higher education programs.
- The number of other responsibilities required including:
  - a. Participation in staff development;
  - b. Professional development training provided to develop needed skills of classroom staff,
  - c. Professional development seminars attended to enhance therapists' knowledge and skills,
  - d. Administrative duties, and
  - e. Team, committee, and departmental meetings.
- The amount of secretarial and other support assistance available.
- The experience and training of the OT or PT and the amount of mentoring needed.
- The amount of time allotted for lunch and breaks.

School closings due to weather or holidays, student field trips or absences, and seasonal fluctuations in workload are all variables in the process of providing services. "Typical time" should be considered when making schedules (i.e., the amount of time that is available to any student, whether or not the student has a disability). Compensatory services may be required for services not provided in accordance with the IEP, but there is no requirement to "replace" or compensate for time "lost" due to any of these "typical time" variables unless it would result in the need for extended school year services. If a lapse in services results in student regression and skills, which cannot be recouped within a reasonable period of time, then additional services may be required.

The workload needs to be reasonable. Because the therapist caseloads change frequently to meet the needs of the children they serve, workloads should be monitored closely. Therapists should have assistance with providing services or problem solving when the workload becomes too difficult to manage and/or requirements cannot be met. An example of how one district determined caseload is in Appendix F.

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### **Options for Acquiring an OT and PT**

School districts have a variety of options when acquiring therapists to provide therapy services for schools. The school district may choose to hire the OT or PT through direct employment either on a full-time or part-time basis. They may choose to establish a contractual agreement through private practitioners, therapy clinics, home health agencies, health departments, or hospitals. School districts may choose a combination of these options to meet their needs. The absence/unavailability of a therapist or a vacancy that cannot be filled may prevent the school district from needing to provide compensatory therapy services.

As school districts explore the possibility of acquiring services, they need to examine long-term options as well as short-term strategies. Underpaying or understaffing could result in high therapist turnover and poor continuity of student support. The number of students requiring services and the availability of therapists in the area may influence the options chosen by the school district.

### Employment

In cases of direct employment, the therapist is generally a full-time employee with benefits or a part-time employee with no or limited benefits. School districts or educational cooperatives have the option of sharing a therapist with neighboring districts or cooperatives. School districts are responsible for recruitment, verification of credentials, retention, and liability of the therapist. The school district reimburses expenses and provides access to tools, materials, and tests for the therapist to perform his/her work. The therapist is an integral part of the school team for cooperative planning with other staff and for observation of students during activities.

The therapist receives training directly from the school district, generally with other special education teachers and related service providers. Services are provided in educational environments as indicated in the students' IEPs.

When hiring a therapist, the school district determines the number of hours per day the therapist will work and the number of days per week. District administrators also decide on the number of months the therapist will work in the contracted year. Additional considerations include providing continuing education, relocation expenses, insurance, retirement, sick leave, and payment of licensure/certification fees and professional dues. In certain situations, therapists' salaries and benefits may need to be different from teachers' salaries and benefits to attract therapists to these positions. However, school district employment is attractive to many therapists because of the shortened work year, breaks during the school year, and shorter work days.

### Contract Services

Contracted services can be provided full-time or part-time based on the school district's needs at a given time. A contractor negotiates payment with the school district, and is responsible for his/her own taxes, health and malpractice insurance, and other benefits. A contractor must be willing to make the transition to the provision of services in the educational environment and follow state guidelines for provision of occupational therapy and/or physical therapy services. Contractors may be responsible for their own travel expenses and may furnish their own tools, materials, and tests to perform the work. A contracted therapist provides the amount of services as indicated in the students' IEPs. A contract for services may limit the number of hours a therapist is able to work, with additional time requiring further contractual negotiations.

The contract should specify the obligations of the school district. The district will identify the students to be served, the therapist's work hours, and any therapy assistants that require supervision. Contracted therapists are required to follow district policies and procedures and assure student's confidentiality. The contractor must provide documentation of the therapists' qualifications and licensure and proof of liability and malpractice insurance. The therapist should have orientation and training in school-based therapy services.

Many aspects of a contract for therapy service are negotiable. Contractual considerations include timelines for completion of evaluations, IEPs, reports, and billing. The contract must specify the fee structure. Parties should consider whether there will be a set hourly fee or separate fees for

intervention, travel, documentation, and meetings. Conditions for changing the contract to provide for more or fewer services as well as termination of the contract should be indicated. Before final approval, the school district's attorney and appropriate staff should review the agreement for possible legal issues and hidden costs.

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## **Interviews**

The interview process is helpful in determining if the therapist has the skills necessary to meet the needs of students in an educational setting. Therapists and assistants should provide copies of their required credentials as part of the application process. Prospective employers may request oral as well as written references from current and previous employers.

Topics to guide interview questions include the following:

- Academic and professional experiences that demonstrate the ability to work in an educational environment;
  - Knowledge, skills and training that support school-based therapy practice;
  - Understanding of IDEA, Kentucky Administrative Regulations, and Section 504;
  - Proficiency in test administration and analysis of data as it relates to the student's ability to benefit from special education and to access the general education curriculum;
  - Ability to collaborate in development of measurable student goals that directly relate to and support the student's academic program;
  - Competency in planning and implementing educationally relevant strategies and activities that directly relate to and support the student's academic program;
  - Ability to determine appropriate educationally relevant services and service frequency;
  - Competency in providing a variety of integrated therapy models, including consultation and collaboration;
  - Ability to document student progress and outcomes and to relate this information to the student's educational goals;
  - Ability to work effectively as a member of a multi-disciplinary team;
  - Ability to communicate effectively both orally and in writing with students, parents, educational personnel, and other professionals;
  - Organizational skills as they relate to documentation, scheduling, and time management; and
  - Understanding of the importance of professional growth, confidentiality, and professional ethics.
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## **Recruitment Resources**

Occupational therapy and physical therapy are growing professions with practitioners facing increasing competition for employment in school districts, rehabilitation services, and sports medicine. School districts will need to be proactive, creative, and vigilant in recruiting and retaining therapists. The use of multiple recruitment resources and documentation of all

recruitment efforts are essential. State association therapy newsletters, websites, and publications in local and regional newspapers are good resources for advertising.

The website for the Kentucky Occupational Therapy Association is <http://www.kotaweb.org/>  
The website for the Kentucky Physical Therapy Association is <http://www.kpta.org/>

A list of OT and OTA programs is available from:

American Occupational Therapy Association (AOTA)  
(301)-652-2682  
<http://www.otjoblink.org/>

A list of the PT and PTA programs is available from:

American Physical Therapy Association (APTA)  
(703)-684-2782, 1-800-999-2782  
<http://www.apta.org/>

Job fairs are held at a variety of locations. Many private and public sectors, including school districts, colleges, and universities hold job fairs.

#### Online Publication Advertisements

- *OT Advance* [http://www.advanceforot.com](http://www.advanceforot.com;);
- *OT Practice* <http://www.aota.org>; and
- *PT Bulletin* <http://www.aptaorg/bulletin>.

#### Student Fieldwork/Affiliations

Encourage and provide school district fieldwork/affiliations for OT, OTA, PT, and PTA students.

#### Career Awareness

Encourage the school OT, OTA, PT, and PTA to participate in career days to recruit middle and high school students.

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### **Retention Strategies**

Historically, therapists have found working in school systems rewarding, but sometimes frustrating, because of isolation from their health care professional environments and peers. Salaries also may be problematic as school salaries may lag behind those of other therapy employment opportunities. School administrators may consider the following strategies to support retention of therapists:

- Offer incentives to attract therapists (e.g., continuing education allowances);
- Provide an experienced mentor for each new therapist;

- Encourage interactions, training, and networking among therapists within the district and among various school systems;
  - Support continuing education to enhance the therapists' skills and knowledge;
  - Provide salary scales that recognize educational degree levels and years of experience in all therapy settings;
  - Establish career ladders for professional and salary advancements;
  - Create leadership opportunities with organizational structure that recognizes added competencies and professional responsibilities;
  - Participate in training of future school-based therapists by providing fieldwork and affiliations for occupational therapy and physical therapy students;
  - Maintain positive morale through shared decision-making, manageable caseloads, and administrative recognition of achievements;
  - Ensure specific needs are met (i.e., office space, clerical and technical support, supplies, equipment, and a staff mailbox);
  - Include the therapists on the school and/or district e-mail distribution list; and
  - Ensure therapists are updated regarding changes in district policies and procedures.
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### **Orientation of Therapists to the School District**

Like all new school employees, therapists need proper orientation to the school district. They may need training to understand the specifics of school-based therapy. They will need information regarding district policies and procedures in order to provide appropriate services. New therapists should be introduced to special education administrative and clerical staff, appropriate human resources personnel, building level administrators, and other staff as appropriate. New therapists benefit from being placed with a mentor. Therapists also need to be made aware of available community services relevant to students with disabilities.

Therapists should be provided access to several documents including the Resource Manual for Educationally Related Occupational Therapy & Physical Therapy in Kentucky Public Schools, the Kentucky Administrative Regulations for Special Education Programs, and a Section 504 Procedures Manual.

It is recommended that each school district develop an occupational therapy and physical therapy procedure manual that may include the following information:

- Job description;
- Organizational chart and direct line of supervision;
- Performance evaluation process;
- Policies related to the provision of occupational therapy and physical therapy services;
- Policies related to the supervision of OTA, PTA, therapy aides, and student affiliates;
- Description of service delivery approaches;
- Referral process for occupational therapy and physical therapy services;
- Evaluation and assessment procedures;
- Documentation guidelines;
- Samples of forms and description of how to complete the forms;



- Procedures to requisition materials and equipment;
  - Procedures to inventory and maintain equipment;
  - Procedures to request travel reimbursement;
  - Procedures to request leave (i.e., professional, sick, and personal);
  - Confidentiality requirements; and
  - Policies related to conflict of interest.
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### **Liability**

Appropriate levels of insurance coverage are essential to protect the practice of school-based therapy. Administrators and therapists should work together to clarify the extent of the school district's insurance coverage for general liability (i.e., personal and professional) and malpractice liability. Therapists are responsible for knowing the limits of their professional and personal liability relative to their school-based therapy duties and performances to protect themselves personally and to prevent undue risk to the school system. Many therapists working in school districts purchase additional professional liability insurance that is easily obtained through professional associations.

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### **Professional Development**

The Kentucky State Board of Physical Therapy and the Kentucky Board of Licensure for Occupational Therapy mandate continuing education for PT, PTA, OT, and OTA to maintain licensure. Therapists should identify their own educational needs and pursue continuing education programs to meet those needs. It is imperative that therapists maintain current knowledge and skills for pediatric therapy practices and education methods and theories. Therapists also must be knowledgeable of current federal, state, and local initiatives and mandates that impact the delivery of occupational therapy and physical therapy services.

Administrators can support professional development in the following ways:

- Paid professional leave;
  - Reimbursement for continuing education and reference texts/materials;
  - Sponsorship of workshops, courses, and regional pediatric interest groups; and
  - In-service training on pertinent topics.
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### **Scheduling**

Therapists require flexibility in scheduling to provide a variety of service delivery methods for meeting each student's needs. It is imperative that therapy services do not prevent students from accessing their academic instruction. It is not within the scope of this document to prescribe caseload numbers. However, therapists and administrators should work together to ensure that all students' IEP requirements are met within the therapist's workday.

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## **Materials and Equipment**

Materials and equipment to support the provision of therapy services are necessary, and their purchase and storage need to be addressed by administrators and therapists. The therapists, or other staff within the school district, may fabricate some materials that require additional workspace and special purchasing considerations. Materials and equipment should support the goals and accommodations as stated in the student's IEP. Examples of materials and equipment include the following:

- Positioning equipment (e.g., standers, adapted chairs, potty chairs);
  - Self-help devices (e.g., spoons, scoop plates, zipper pulls);
  - Mobility equipment (e.g., gait training devices, therapy equipment);
  - Supplies for adapting materials and equipment (e.g., Velcro, splinting material, strapping);
  - Technology devices (e.g., switches, computers, word processors);
  - Adaptive classroom tools (e.g., pencil grips, slant boards, adapted scissors); and
  - Standardized assessments (e.g., test kits and manuals).
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## **Confidentiality and Release of Information**

In the course of providing assessments and therapy services to students with disabilities, there are occasions when the therapist will need access to the educational records of students. This may be during assessment activities to gather and review existing evaluation information, during an IEP meeting when the planning for instruction and related services occurs, or in the school setting when providing services (KDE, 1997).

The Family Educational Rights and Privacy Act (FERPA PL 93-380) states, in part:

*An educational agency or institution may disclose personally identifiable information from an education record of a student without consent if the disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have a legitimate education interest (FERPA Section 99.31).*

When a therapist is employed or under contract for services to students with disabilities, this creates a "legitimate educational interest" and allows each school in the district served by the therapist to put the name of the therapist on the listing of the specific individuals having access to educational records of individual students. The employment or contractual arrangement between the therapist and the school district designates the therapist as being "other school officials or teachers within the agency or institution."

School districts must include as a part of their policies and procedures a specification of their criteria for determining which parties are "school officials" and what they consider to be "legitimate educational interest" (FERPA Section 99.6). When clearly defined in district policies

and procedures on educational records, the relationship between the therapist and the school district gives the therapist the right to have access to educational records of the students they serve without having to get parental consent. The parents always should be informed of the procedures and practice of the school district to allow the therapist access to their child's records for educational purposes.

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### **Evaluation and Program Quality Assurance**

Local school districts have the responsibility to evaluate school personnel. School districts establish evaluation committees that design the district evaluation plan. This plan includes procedures and evaluation tools that district administrators utilize when evaluating school personnel. The OT and PT should be informed about the school district's staff evaluation process.

Program evaluation is necessary to determine the quality and quantity of occupational therapy and physical therapy services. A written plan should be developed to evaluate therapy programming effectiveness. This plan guides the systematic and periodic review and improvement of the quality of services.

Case studies and assessment audits can be effective methods for examining program effectiveness. Case study presentations may be presented to a group of peers for review and discussion. A peer review team offers recommendations for changes in service delivery models, interventions, or specially designed instruction.

An audit of assessment reports can be used to address the quality of evaluations. This process involves reviewing the assessments conducted by the therapist according to predetermined criteria.

An audit of progress notes addresses the quality of service provided to students. For students being billed through Medicaid, this is a requirement.

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**Appendix A**  
**Early Intervening Services Strategies/Checklists**

**Fine Motor and Sensory Issues**

<u>Concerns</u>	<u>Possible Classroom Adaptations/Strategies for Teachers</u>	<u>Duration Attempted</u> (days/wks)	<u>Success</u> (yes/no)
<i>Poor balance in sitting</i>	If feet dangle, place a box or footrest under feet to maintain 90 degrees at hips, knees and ankles		
	Provide a chair with armrests		
<i>Poor pencil/crayon use</i>	Provide Pencil grip (various types)		
	Use fatter writing utensil		
	Use larger sheets of paper		
	Provide paper without lines for writing		
	Provide paper with wider-spaced lines		
	Use larger models or templates		
	Simplify instructions, breakdown steps		
<i>Poor cutting skills</i>	Use loop, spring, or other adapted scissors		
	Stabilize paper (tape it down, use large clips, c-clamps, etc.)		
<i>Poor note taking or copying information from the board</i>	Tape lectures to be transcribed or listened to later		
	Photocopy teacher or peer notes		
	Use carbonless notebooks to copy a peer's notes		
<i>Unable to complete seatwork successfully</i>	Provide larger spaces for answers		
	Give smaller amounts of work		
	Put less items per page		
	Give more time to complete task		
	Change the level of difficulty		
	Fold paper so less is visually available		
	Give visual break down of steps		
	Give time limits for assignments		
	Strategically group kids together		
<i>Can't stay in seat; fidgety</i>	Allow student to lie on floor to work		
	Allow student to stand to work at seat		
	Provide lateral support to hips or trunk (rolled towels or foam blocks)		
	Adjust seat to correct height for work		

<u>Concerns</u>	<u>Possible Classroom Adaptations/Strategies for Teachers</u>	<u>Duration Attempted</u> (days/wks)	<u>Success</u> (yes/no)
	Be sure feet are flat on floor or footrest when seated		
	Provide more variety in seatwork		
	Provide classroom movement breaks		
	Use rice bags on lap while working		
<i>Poor keyboarding skills (hits too many keys at one time)</i>	Use key guard		
	Use sticky keys program		
<i>Inattentive to task/distractible</i>	Use study carrel		
	Decrease availability of distracting stimuli (visual or auditory)		
	Provide touch cues only when student is prepared for it, use firm pressure		
	Provide frequent breaks in seatwork		
<i>Inappropriate touching, hitting and kicking</i>	Provide verbal reminders to keep hands/feet to self		
	Use behavior chart with visual cues		
<i>Poor lunch skills/behaviors</i>	Provide a wheeled cart to carry tray		
	Provide large handled utensils		
	Clamp lunch tray to table to avoid slipping		
	Put drink in sealed cup with straw		
<i>Poor toileting skills</i>	Provide smaller toilet seat		
	Provide looser clothing		
	Provide step-up stool for toilet/sink		
<i>Can't put jacket on/off or zip</i>	Place in front of student in same orientation each time consistently		
	Provide larger size for easier handling		
	Add zipper pull		
<i>Clumsy in classroom/halls; gets lost in building</i>	Move classroom furniture to edges of room		
	Send student to new/next locations when halls are less crowded		
	Provide visual cues in hall to mark locations		

<u>Concerns</u>	<u>Possible Classroom Adaptations/Strategies for Teachers</u>	<u>Duration Attempted</u> (days/wks)	<u>Success</u> (yes/no)
	Match student with partner for transitions		
<i>Unable to add numbers in a line</i>	Use graph paper		
	Turn notebook paper sideways to provide vertical lines		
<i>Doesn't follow directions</i>	Provide written or picture directions for reference		
	Provide cassette tape of directions		
	Allow student to watch peer for cues		
	Provide immediate reinforcement of correct response		
<i>Drops materials; can't manipulate books, etc</i>	Place tabs on book pages for turning		
	Provide small containers for items		
<i>Loses personal belongings; unorganized</i>	Make a map showing where items belong		
	Use colored tape to mark off spaces where certain items belong		
	Collect all belongings and hand them out at the beginning of each activity		
	Organize notebooks by color, etc		
	Take digital picture of how items should appear in desk, cubby, etc.		
<b>Comments:</b>			

Adapted from Dunn (2000)



**Gross Motor Issues**

<b><u>Concerns</u></b>	<b><u>Possible Classroom Adaptations/ Strategies for Teachers</u></b>	<b><u>Duration Attempted</u> (days/wks)</b>	<b><u>Success</u> (yes/no)</b>
<i>Difficulty with mobility in the classroom</i>	Provide hand held assist		
	Encourage use of environmental supports (e.g., handrail)		
	Change place in line		
<i>Frequent falls</i>	Decrease clutter		
	Provide visual and tactile cues		
	Observe if student catches self or gets injured		
	Use peer partner for transitions		
	Provide extended time for hall travel		
<i>Difficulty changing positions (in/out of chairs, up/down from floor)</i>	Use environmental supports (e.g., table)		
	Use appropriate height chair		
<i>Poor posture due to low or high muscle tone</i>	Use proper fitting chair and table		
	Allow to floor sit against furniture		
	Use chair with arms		
<i>Difficulty with hopping, jumping, skipping or running as compared to same age peers</i>	Modify PE activities to address skills		
<b>Comments:</b>			

Adapted from Dunn (2000)

## Appendix B Tests and Measures

Therapists using the assessments are encouraged to determine the reliability and validity of the instrument as well as the population on which the assessment is normed.

<b>Developmental Tests and Measures:</b>
<ul style="list-style-type: none"> <li>• Battelle Developmental Inventory (2nd ed.) (BDI-2)</li> <li>• Bruininks Oseretsky Test of Motor Proficiency (BOTMP)</li> <li>• Carolina Curriculum for Preschoolers with Special Needs (2nd ed.) (CPSN-2)</li> <li>• Denver Developmental Screening Test –II</li> <li>• Gross Motor Skills for Children with Down’s Syndrome</li> <li>• Inside the Hawaii Early Learning Profile (HELP)</li> <li>• Miller Assessment of Preschoolers (MAP)</li> <li>• Peabody Development Motor Scales (2nd ed.) (PDMS-2)</li> <li>• Test of Gross Motor Development (2nd ed.) (TGMD-2)</li> </ul>
<b>Functional Tests and Measures:</b>
<ul style="list-style-type: none"> <li>• Canadian Occupational Performance Measure (COPM)</li> <li>• Feeding Assessment from Pre-feeding skills (Morris and Dunn)</li> <li>• Gross Motor Function Measure (GMFM)</li> <li>• L-R Left-Right Reversal Test</li> <li>• Pediatric Evaluation of Disability Inventory (PEDI)</li> <li>• School Function Assessment (SFA)</li> <li>• Evaluation Tool of Children’s Handwriting (ETCH)</li> <li>• Minnesota Handwriting Assessment</li> <li>• Movement Opportunities via Education (MOVE)</li> <li>• Pediatric Balance Scale (PBS)</li> <li>• Pediatric Reach Test</li> <li>• Scales of Independent Behavior–Revised (SIB-R)</li> <li>• Transdisciplinary Play-Based Assessment (TPBA)</li> <li>• Test of Handwriting Skill (THS)</li> <li>• WEEFIM: Functional Independence Measure for Children</li> </ul>
<b>Sensory Processing Tests and Measures:</b>
<ul style="list-style-type: none"> <li>• Clinical Observations of Motor and Postural Skills (2nd ed.) (COMPS-2)</li> <li>• Degangi-Berk Test of Sensory Integration (TSI)</li> <li>• Sensory Integration and Praxis Tests (SIPT)</li> <li>• Sensory Profile</li> <li>• Infant/Toddler Sensory Profile</li> <li>• Adolescent Sensory Profile</li> <li>• Touch Inventory for Elementary School-Aged Children (TIE)</li> </ul>
<b>Perceptual-Motor Tests and Measures:</b>
<ul style="list-style-type: none"> <li>• Child Health and Illness Profile-Adolescent Edition (CHIP-AE)</li> <li>• Developmental Test of Visual-Motor Integration (5th ed.) (VMI-5)</li> <li>• Developmental Test of Visual Perception (2nd ed.) (DTVP-2)</li> <li>• Developmental Test of Visual Perception-Adolescent and Adult</li> <li>• Test of Visual-Motor Skills-Revised (TVMS-R)</li> </ul>

## **Appendix C**

### **Kentucky's Learning Goals and Academic Expectations**

**1. All Kentucky schools shall develop their students' ability to able to use basic communication and mathematics skills for purposes and situations they will encounter throughout their lives.**

- 1.1 Students use reference tools such as dictionaries, almanacs, encyclopedias, and computer reference programs and research tools such as interviews and surveys to find the information they need to meet specific demands, explore interests, or solve specific problems.
- 1.2 Students make sense of the variety of materials they read.
- 1.3 Students make sense of the various things they observe.
- 1.4 Students make sense of the various messages to which they listen.
- 1.5- Students use mathematical ideas and procedures to communicate, reason, and solve problems.
- 1.9
- 1.10 Students organize information through development and use of classification rules and systems.
- 1.11 Students write using appropriate forms, conventions, and styles to communicate ideas and information to different audiences for different purposes.
- 1.12 Students speak using appropriate forms, conventions, and styles to communicate ideas and information to different audiences for different purposes.
- 1.13 Students make sense of ideas and communicate ideas with the visual arts.
- 1.14 Students make sense of ideas and communicate ideas with music.
- 1.15 Students make sense of and communicate ideas with movement.
- 1.16 Students use computers and other kinds of technology to collect, organize, and communicate information and ideas.

**2. All Kentucky schools shall develop their students' ability to apply core concepts and principles from mathematics, the sciences, the arts, the humanities, social studies, practical living studies, and vocational studies to what they will encounter throughout their lives.**

#### **Science**

- 2.1 Students understand scientific ways of thinking and working and use those methods to solve real-life problems.
- 2.2 Students identify, analyze, and use patterns such as cycles and trends to understand past and present events and predict possible future events.
- 2.3 Students identify and analyze systems and the ways their components work together or affect each other.
- 2.4 Students use the concept of scale and scientific models to explain the organization and functioning of living and nonliving things and predict other characteristics that might be observed.
- 2.5 Students understand that under certain conditions nature tends to remain the same or move toward a balance.
- 2.6 Students understand how living and nonliving things change over time and the factors that influence the changes.

**Mathematics**

- 2.7 Students understand number concepts and use numbers appropriately and accurately.
- 2.8 Students understand various mathematical procedures and use them appropriately and accurately.
- 2.9 Students understand space and dimensionality concepts and use them appropriately and accurately.
- 2.10 Students understand measurement concepts and use measurements appropriately and accurately.
- 2.11 Students understand mathematical change concepts and use them appropriately and accurately.
- 2.12 Students understand mathematical structure concepts including the properties and logic of various mathematical systems.
- 2.13 Students understand and appropriately use statistics and probability.

**Social Studies**

- 2.14 Students understand the democratic principles of justice, equality, responsibility, and freedom and apply them to real-life situations.
- 2.15 Students can accurately describe various forms of government and analyze issues that relate to the rights and responsibilities of citizens in a democracy.
- 2.16 Students observe, analyze, and interpret human behaviors, social groupings, and institutions to better understand people and the relationships among individuals and among groups.
- 2.17 Students interact effectively and work cooperatively with the many ethnic and cultural groups of our nation and world.
- 2.18 Students understand economic principles and are able to make economic decisions that have consequences in daily living.
- 2.19 Students recognize and understand the relationship between people and geography and apply their knowledge in real-life situations.
- 2.20 Students understand, analyze, and interpret historical events, conditions, trends, and issues to develop historical perspective.
- 2.21 (Incorporated into 2.16)

**Arts and Humanities**

- 2.22 Students create works of art and make presentations to convey a point of view.
- 2.23 Students analyze their own and others' artistic products and performances using accepted standards.
- 2.24 Students have knowledge of major works of art, music, and literature and appreciate creativity and the contributions of the arts and humanities.
- 2.25 In the products they make and the performances they present, students show that they understand how time, place, and society influence the arts and humanities such as languages, literature, and history.
- 2.26 Through the arts and humanities, students recognize that although people are different, they share some common experiences and attitudes.

2.27 Students recognize and understand the similarities and differences among languages.

2.28 Students understand and communicate in a second language.

### **Practical Living**

2.29 Students demonstrate skills that promote individual well-being and healthy family relationships.

2.30 Students evaluate consumer products and services and make effective consumer decisions.

2.31 Students demonstrate the knowledge and skills they need to remain physically healthy and to accept responsibility for their own physical well-being.

2.32 Students demonstrate strategies for becoming and remaining mentally and emotionally healthy.

2.33 Students demonstrate the skills to evaluate and use services and resources available in their community.

2.34 Students perform physical movement skills effectively in a variety of settings.

2.35 Students demonstrate knowledge and skills that promote physical activity and involvement in physical activity throughout lives.

### **Vocational Studies**

2.36 Students use strategies for choosing and preparing for a career.

2.37 Students demonstrate skills and work habits that lead to success in future schooling and work.

2.38 Students demonstrate skills such as interviewing, writing resumes, and completing applications that are needed to be accepted into college or other postsecondary training or to get a job.

## **3. All Kentucky schools shall develop their students' ability to become self-sufficient individuals of good character exhibiting the qualities of altruism, citizenship, courtesy, honesty, human worth, justice, knowledge, respect, responsibility, and self-discipline.\***

3.1 Students demonstrate positive growth in self-concept through appropriate tasks or projects

3.2 Students demonstrate the ability to maintain a healthy lifestyle.

3.3 Students demonstrate the ability to be adaptable and flexible through appropriate tasks or projects.

3.4 Students demonstrate the ability to be resourceful and creative.

3.5 Students demonstrate self-control and self discipline.

3.6 Students demonstrate the ability to make decisions based on ethical values.

3.7 Students demonstrate the ability to learn on one's own.

## **4. All Kentucky schools shall develop their students' ability to become responsible members of a family, work group, or community, including demonstrating effectiveness in community service.\***

4.1 Students effectively use interpersonal skills.

4.2 Students use productive team membership skills.

- 4.3 Students individually demonstrate consistent, responsive, and caring behavior.
- 4.4 Students demonstrate the ability to accept the rights and responsibilities for self and others.
- 4.5 Students demonstrate an understanding of, appreciation for, and sensitivity to a multi-cultural and world view.
- 4.6 Students demonstrate an open mind to alternative perspectives.

**\*Goals 3 and 4 are included in Kentucky statute as learning goals, but they are not included in the state's academic assessment program.**

**5. All Kentucky schools shall develop their students' ability to think and solve problems in school situations and in a variety of situations they will encounter in life.**

- 5.1 Students use critical thinking skills such as analyzing, prioritizing, categorizing, evaluating, and comparing to solve a variety of problems in real-life situations.
- 5.2 Students use creative thinking skills to develop or invent novel, constructive ideas or products.
- 5.3 Students organize information to develop or change their understanding of a concept.
- 5.4 Students use a decision-making process to make informed decisions among options.
- 5.5 Students use problem-solving processes to develop solutions to relatively complex problems.

**6. All Kentucky school shall develop their students' ability to connect and integrate experiences and new knowledge from all subject matter fields with what they have previously learned and build on past learning experiences to acquire new information through various media sources.**

- 6.1 Students connect knowledge and experiences from different subject areas.
- 6.2 Students use what they already know to acquire new knowledge, develop new skills, or interpret new experiences.
- 6.3 Students expand their understanding of existing knowledge by making connections with new knowledge, skills, and experiences.

## **Appendix D**

### **Educational Relevance Worksheet Procedures**

The Educational Relevance Worksheet (ERW) is a process used by the OT and/or PT as the ARC develops the IEP. The therapist reviews the goals, benchmarks/objectives, and specially designed instruction (SDI) unique to occupational therapy and/or physical therapy to determine the service delivery model(s) and amount of time for each service.

#### **Specially Designed Instruction**

The therapist reviews the IEP and checks the appropriate SDI on the Educational Relevance Worksheet. The therapist selects the service delivery model for implementation of each SDI from the following service delivery models: Classroom Suggestions (CS), Role Release (RR), or Discipline Specific (DS). SDI may have more than one service delivery model. The therapist considers and recommends the most feasible service delivery for providing each SDI and documents the decisions on the ERW.

#### **Service Delivery Models**

Classroom Suggestions (CS) are verbal or written suggestions that require regular classroom implementation but do not require regular follow up (e.g., appropriately-selected classroom chair, pencil grip, participation in movement activities). The therapist meets with classroom staff, reviews the progress of the student, and makes recommendations for classroom implementation. These services are documented on the IEP on a minutes/semester or number of times/year basis.

Role Release Services (RR) are activities that are developed by the therapist in collaboration with the classroom teacher, implemented by classroom staff, and monitored by the therapist. Role Release activities require staff training and regular follow up for maintenance and generalization of the strategy and/or skill (e.g., opportunities for assisted stance, calming strategies) and may have been previously implemented as Discipline Specific Services that the student has safely achieved. These services are documented on the IEP on a minutes/month basis.

Discipline Specific Services (DS) are activities implemented solely by the therapist (e.g., gait training strategies, balance strategies, weight shift strategies). Once the student makes progress in the activity, the therapist may move it to a RR activity with the classroom staff. Discipline Specific services may not address each SDI at each session with the student. If there is more than one SDI per goal that requires Discipline Specific intervention, the amount of time for SDI may be grouped into one estimated time. These services are documented on the IEP on a weekly basis or as an estimate of time per month.

#### **Estimated Amount of Time**

The therapist estimates the amount of time for each SDI and service delivery model, and records the recommendation on the ERW.

### **Supplementary Aids and Services**

The therapist reviews the IEP and checks the appropriate Supplementary Aids and Services (SAS) from the IEP on the ERW. The therapist determines the amount of time (if any) that requires assessment or fabrication by the therapist and records the decisions on the ERW.

### **Program Modifications and Support for School Personnel**

The therapist reviews the IEP and checks the appropriate modifications and/or supports from the IEP on the ERW. The therapist documents any modification (i.e., environmental changes) and/or training that will be provided for staff and/or parents for the implementation of services. This time estimate is typically not included in the IEP service delivery time.

### **Other Considerations**

The therapist documents other issues the ARC may need to consider for an individual student. These considerations are not always listed on the IEP, but may be necessary for a student to achieve eventual independence. The therapist checks the appropriate considerations on the ERW; however, if the student is Medicaid eligible, the amount of time is not billable.

### **Recommended Frequency and Duration**

Following completion of this process, the therapist compiles the listed estimated times to determine the frequency of services. Keep in mind that all strategies may not be addressed during each visit. The compiled time is documented on the ERW.

The therapist signs and dates the ERW.

The therapist presents these recommendations to the rest of the ARC. If there are questions or disagreements regarding these recommendations, the therapist is encouraged to share the process of using the ERW with the other members of the committee.

If, at the time of the initial assessment and eligibility review meeting, there are no goals, accommodations or support for school personnel that require the expertise of a therapist, then the ARC will determine there is no need for occupational therapy and/or physical therapy services. This process also is reviewed during each annual review. If there are no longer any goals, SDI, accommodations, or support for school personnel that require the expertise of a therapist, the ARC discontinues the services.



### OT EDUCATIONAL RELEVANCE WORKSHEET

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

<b>SDI RELEVANT TO OT</b> (Must be goal related and listed on IEP)	<b>SERVICE DELIVERY*</b>			<b>EST. IEP TIME</b>
	<b><u>CS</u></b>	<b><u>RR</u></b>	<b><u>DS</u></b>	
Sensory modulation	_____	_____	_____	_____
Sensory discrimination	_____	_____	_____	_____
Sensory development	_____	_____	_____	_____
Psychomotor integration	_____	_____	_____	_____
Fine motor facilitation	_____	_____	_____	_____
Visual perceptual motor strategies	_____	_____	_____	_____
Facilitation of postural control	_____	_____	_____	_____
Chaining/shaping	_____	_____	_____	_____
Other:	_____	_____	_____	_____

<b>ACCOMMODATIONS</b> (Time for accommodations is listed as IEP time IF it requires input with the student present, assessment, or fabrication by the OT)	<b>EST. IEP TIME</b>
Access to assistive technology	_____
Adapted materials/equipment (pre-made)	_____
Fabricate individualized equipment	_____
Observation/informal evaluation	_____
Proper positioning	_____
Sensory modulation equipment/supplies	_____
Environmental adaptations	_____
Other:	_____

<b>SUPPORT FOR SCHOOL PERSONNEL (Non IEP Time)</b>	
Team meetings	_____
Medical precautions (e.g., seizures, shunt, latex allergies, dislocations)	_____
Training on facilitation of motor planning/prompting	_____
Training on modified activities of daily living	_____
Training on sensorimotor approaches/activities	_____
Training on neuro-based behavioral/learning approaches	_____
Training on psychomotor integration	_____
Other:	_____

<b>OTHER:</b>
Communication with medical community _____
Other: _____

**RECOMMENDED FREQUENCY AND DURATION:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### PLAN FOR DISCHARGE:

- \_\_\_ Goals and objectives requiring therapy have been met and there are no additional goals requiring therapy services.
- \_\_\_ Problem ceases to be educationally relevant.
- \_\_\_ The student's needs can be met by another educational provider and therapy services are no longer required.

- CR – Classroom Suggestions, RR – Role Release, DS – Discipline Specific

### OT EDUCATIONAL RELEVANCE WORKSHEET DEFINITIONS

<b><u>SDI RELEVANT TO OT</u></b> Individualized strategies used for the ECE student (not typically used for regular students). <i>Goal related and listed on the IEP.</i>	
<b>Sensory modulation</b>	Strategies to alter the central nervous system state of a child with sensory modulation irregularities (i.e., over or under alert)
<b>Sensory discrimination</b>	Providing sensory input specific to a sensory system in order to improve discrimination of/registration by that system.
<b>Sensory development</b>	Correlating input of two sensory systems due to sensory discrepancies (i.e., well tolerated system with a poorly tolerated system) or combining synergistic systems (i.e., vision with movement). Input on a graded continuum within one sensory system to balance defensiveness/inattention with discrimination/attention.
<b>Psychomotor integration</b>	Motor/reflex integration activities done for the purpose of facilitating neural organization.
<b>Fine motor facilitation</b>	Neuromuscular approaches implemented in order to improve fine motor coordination (i.e., eye-hand, oral motor, ocular motor).
<b>Visual perceptual motor strategies</b>	Intervention based on the analysis of the correlation between visual form recognition, internal conceptualization of visual form, and reproduction of form.
<b>Facilitation of postural control</b>	Neuromuscular approaches implemented in order to improve postural background strength and/or stability.
<b>Chaining/Shaping</b>	<b>Chaining</b> links the steps of a natural sequence by either going forward or backward. <b>Shaping</b> moves the child from gross approximation of a skill toward more refined skill execution.
<b><u>ACCOMMODATIONS</u></b> An adaptation or adjustment. <i>Time for accommodations is listed as IEP time IF it requires input with the student present, assessment, or fabrication by the OT.</i>	
<b>Access to assistive technology</b>	To obtain, establish access mode, or embed technology into the routine.
<b>Adapted materials/equipment (pre-made)</b>	To gather manufactured adaptive materials/equipment and establish its use in the classroom.
<b>Fabricate individualized equipment</b>	As above, and add the time needed to fabricate, fit/adjust.
<b>Observation/informal evaluation</b>	Observe the student's response to any intervention, further assessment to update POC.
<b>Proper positioning</b>	To obtain, deliver, fit, and/or tryout the use of positioning equipment/adaptations in the classroom.
<b>Sensory modulation equipment/supplies</b>	To obtain or make and place equipment or supplies that support improved sensory modulation.
<b>Environmental adaptations</b>	To make, change, and/or place adaptations in order to alter the classroom environment.
<b><u>SUPPORT FOR SCHOOL PERSONNEL</u></b> Help, give assistance, advocate, endorse, or aid. <i>Non IEP Time</i>	
<b>Team meetings</b>	The condition of the child, or the educational situation or parental concerns will require periodic team meetings in order to better serve the student.
<b>Medical communications/precautions (e.g., seizures, shunt, latex allergies, dislocations)</b>	Additional collaboration, training, or contact with the medical community (i.e., therapists, physicians, or parents) due to the child's medical status.
<b>Training on facilitation of motor planning/prompting</b>	Training on an analyzed task to teach sequential steps or shaping strategies to be used to develop a specific skill.
<b>Training on modified activities of daily living</b>	Training the staff on using specialized techniques to allow maximum independence.
<b>Training on sensorimotor approaches/activities</b>	Training of the staff on the use of sensorimotor strategies in order to allow use of the interventions as needed.
<b>Training on neuro-based behavioral/learning approaches</b>	OT (brain or sensory) based input in collaboration with the educational team to establish a behavior or learning intervention program.
<b>Training on psychomotor integration</b>	Instruction on the rational and specific psychomotor activities that can be used as needed to facilitate a student's ability to sustain performance through a multitask sequence.

## PT EDUCATIONAL RELEVANCE WORKSHEET

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**SDI Relevant to PT**

(Must be goal related and listed on IEP)

**SERVICE  
DELIVERY\*****ESTIMATED  
TIME****CR****RR****DS**

Tone management strategies \_\_\_\_\_

Facilitation techniques \_\_\_\_\_

Graded control techniques \_\_\_\_\_

Weight shift techniques \_\_\_\_\_

Head and trunk control techniques \_\_\_\_\_

Pre-ambulation strategies \_\_\_\_\_

Progressive ambulation techniques \_\_\_\_\_

Strengthening strategies \_\_\_\_\_

Balance techniques \_\_\_\_\_

Weight bearing techniques \_\_\_\_\_

Supportive positioning \_\_\_\_\_

Access to AAC \_\_\_\_\_

Other: \_\_\_\_\_

**ACCOMMODATIONS** (Time for accommodations is listed as IEP time IF it requires input with the student present, assessment or fabrication by the PT)

Accessible environment \_\_\_\_\_

Proper seating \_\_\_\_\_

Evacuation plan \_\_\_\_\_

Extra time between classes \_\_\_\_\_

Physical assistance for mobility \_\_\_\_\_

Other: \_\_\_\_\_

**SUPPORT FOR SCHOOL PERSONNEL** (Non IEP Time)

Team meetings \_\_\_\_\_

Medical precautions (e.g. seizures, shunt, latex allergies, dislocations) \_\_\_\_\_

Training on lifting \_\_\_\_\_

Other: \_\_\_\_\_

**OTHER**

Communication with medical community \_\_\_\_\_

Other: \_\_\_\_\_

**RECOMMENDED FREQUENCY AND DURATION:** \_\_\_\_\_

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

**PLAN FOR DISCHARGE:**

\_\_\_\_ Goals and objectives requiring therapy have been met and there are no additional goals requiring therapy services.

\_\_\_\_ Problem ceases to be educationally relevant.

\_\_\_\_ The student's needs can be met by another educational provider and therapy services are no longer required.

\* CR – Classroom Suggestions, RR – Role Release, DS – Discipline Specific

## PT EDUCATIONAL RELEVANCE WORKSHEET DEFINITIONS

<b><u>SDI Relevant to PT</u></b> Individualized strategies used for the ECE student (not typically used for regular students). <i><b>Goal related and listed on the IEP.</b></i>	
<b>Tone management strategies</b>	Techniques to increase or decrease muscle tone
<b>Facilitation techniques</b>	Handling techniques to elicit movement and/or postures
<b>Graded control techniques</b>	Co-contraction activities to promote smooth movements
<b>Weight shift techniques</b>	Movements necessary for balance and/or transitional movements
<b>Head/trunk control techniques</b>	Activities or positions that promote stability
<b>Pre-ambulation strategies</b>	Developmental activities prior to gait training
<b>Progressive ambulation techniques</b>	Activities to increase distance traveled, to decrease the amount of physical assistance needed and/or to decrease the amount of support provided by an assistive device
<b>Strengthening strategies</b>	Activities to increase muscle strength
<b>Balance techniques</b>	Activities to increase ability to maintain center of gravity over base of support
<b>Weight bearing techniques</b>	Activities to promote taking weight through long axis of bones
<b>Supportive positioning</b>	Assisting students to obtain and maintain functional positions using adaptive equipment, therapist's or other's body and/or other supports
<b>Access to AAC</b>	Obtaining, establishing access mode or embedding technology into routine

<b><u>ACCOMMODATIONS</u></b> An adaptation or adjustment. <i><b>Time for accommodations is listed as IEP time IF it requires input with the student present, assessment or fabrication by the PT.</b></i>	
<b>Accessible environment</b>	Input regarding modifications to make school environment accessible
<b>Proper seating</b>	Adaptations to seating not covered under SDI
<b>Evacuation Plan</b>	Input regarding the school's evacuation plan
<b>Extra time between classes</b>	Provision of extra travel time
<b>Physical assistance for mobility</b>	Provision of physical assistance to push wheelchair or assist with ambulation
<b>Adapted Equipment</b>	Gathering or adapting equipment and establishing its use

<b><u>SUPPORT FOR SCHOOL PERSONNEL</u></b> Help, give assistance, advocate, endorse, or aid. <i><b>Non IEP Time</b></i>	
<b>Team meetings</b>	The condition of the child, or the educational situation or parental concerns will require periodic team meetings in order to better serve the student.
<b>Medical precautions (e.g. seizures, shunt, latex allergies, dislocations)</b>	Additional collaboration, training, or contact with the medical community (i.e., therapists, physicians, or parents) due to the child's medical status.
<b>Training on lifting</b>	Training of staff on body mechanics of lifting

## **Appendix E**

### **Internet Resources for School-based Therapists**

#### **Government Websites on IDEA**

##### **Public Law 108-446, Individuals with Disabilities Education Improvement Act of 2004**

<http://www.copyright.gov/legislation/pl108-446.pdf> or  
<http://www.ed.gov/policy/speced/guid/idea/idea2004.html>

These are links to the law itself and should provide links to the rules and regulations of IDEA 2004 once distributed.

##### **Special Education & Rehabilitation Services, IDEA 2004 Resources**

<http://www.ed.gov/policy/speced/guid/idea/idea2004.html>

U.S. Department of Education website provides information and services regarding IDEA. Links to numerous complete documents are provided including link to Procedural safeguards: Due process hearings.

#### **Resources on IDEA and Related Issues**

##### **Consortium for Appropriate Dispute Resolution in Special Education (CADRE)**

<http://www.directionservice.org/cadre>

Article entitled Beyond mediation: Strategies for appropriate early dispute resolution in special education. Feinberg, Beyer, & Moses, (2002).

##### **Consortium for Citizens with Disabilities (CCD)**

[http://www.c-c-d.org/legislative\\_news.htm](http://www.c-c-d.org/legislative_news.htm)

CCD addresses a broad range of federal legislative and legal issues. These issues include: child abuse, developmental disabilities, education employment, fiscal policy, health, housing, long term services, prevention, rights, social security, work incentives, technology/telecommunications and transportation.

##### **Council for Exceptional Children (CEC), The ERIC/OSEP Special Project**

<http://ericec.org/osep-sp.html>

The ERIC/OSEP Special Project tracks and disseminates federally funded special education research for practitioners through various publications and conferences. Publications include *Research Connections*, a biannual review of OSEP-sponsored research on topics in special education; *Newsbriefs*, which summarize some of the most recent research from OSEP; *Topical Briefs*, short publications that are intended to increase awareness and understanding of specific subjects; and special public awareness campaigns.

### **Educational Resources Information Center (ERIC)**

<http://www.eric.ed.gov>

ERIC, sponsored by the Institute of Education Sciences (IES) of the U.S. Department of Education, produces a database of journal and non-journal education literature. The ERIC Clearinghouse on Information & Technology (ERIC/IT) and the AskERIC Service have been discontinued by the U. S. Department of Education. Many resources previously found on the ERIC/IT and AskERIC websites may be found at **The Educator's Reference Desk**. [www.eduref.org](http://www.eduref.org) and **The Gateway to Educational Materials (GEM)** [www.thegateway.org](http://www.thegateway.org).

### **Exceptional Child Educational Resources (ECER)**

<http://ericec.org/ecer-db.html>

ECER is a comprehensive database of resources in special education and related services provided by the Council for Exceptional Children (CEC). The database contains citations and abstracts of print and non-print materials on the development and education of people with disabilities. The ECER database is compatible with the ERIC database, but is perhaps more comprehensive. ECER may be accessed through a subscription with CEC. It is also sold on CD-ROM through Ovid Technologies, Inc, which also offers online searching if you have an online subscription agreement with Ovid through your university.

### **EDLAW Inc.**

<http://www.edlaw.net/service/specialaw.html>

EDLAW provides access to the texts of laws governing the provision of special education both at the state and national level. Includes links regarding ADA, Rehabilitation Act of 1973 (Section 504), and FERPA.

### **IDEA Practices**

<http://www.ideapractices.org>

Excellent source of information on the laws, regulations, and implementation issues now provided by the Council for Exceptional Children (CEC).

### **National Early Childhood TA Center (NECTAC)**

<http://www.nectac.org/idea/idea.asp>

The National Early Childhood TA Center provides links to IDEA, OSEP policy documents, overviews of the early childhood provisions of IDEA, federal regulations, and state special education regulations.

### **TASH. Inclusive Quality Education**

<http://www.tash.org/inclusion/articles.htm>

Articles and publications on inclusive education provided by TASH.

**User's Guide to the 2004 IDEA Reauthorization (P.L. 108-446 and the Conference Report)**

<http://www.thearc.org/ideachanges/usersguide.doc>

This guide is authored by Robert Silverstein, J.D., Director of The Center for the Study and Advancement of Disability Policy and was funded by the Consortium for Citizens with Disabilities (CCD).

**Wrightslaw**

<http://www.wrightslaw.com>.

Website operated by the Wrights for “information about special education law and advocacy for children with disabilities.” Newsletters available.

**National Association of State Directors of Special Education**

<http://www.nasdse.org>

A side-by-side document that compares IDEA 97 to IDEA 2004.

**The American Occupation Therapy Association**

<http://www.aota.org>

This website offers an online course for occupational therapists in school-based practice.

## Appendix F District Staffing Examples

### Calculating Occupational Therapy Time and Staffing Requirements for a District

Here is an example of how a local school district determined the number of OTs to employ within their school district. It should be noted that the district took into account the caseload as well as the workload.

**Facts:**

- 53 students are currently receiving services from an OT.
- These students are located at 5 different schools.
- It takes approximately 25 minutes to travel from schools in the southern part of the county to schools in the northern part of the country.

**Step 1:** The district reviewed the IEPs of the 53 students to determine the amount of time identified by the ARC for the OT to meet the individual student's needs. This included time for the OT to provide CS, RR, and DS services.

**Step 2:** The district determined the total amount of service time per week. The amount of services necessary in a given week was determined by converting the time on the IEPs to weekly averages:

Example # 1- An IEP that indicated 30 minutes monthly for DS services would be calculated as 7.5 minutes per week.

Example # 2- An IEP that indicated 60 minutes monthly of RR and DS services would be calculated as 15 minutes per week.

For this particular district, it was determined that **1,060 minutes** or **17.7 hours** were necessary to meet the students' needs as outlined in the IEPs.

**Step 3:** Next, the district calculated the amount of time necessary in a week to conduct evaluations, write reports, document services, and to coordinate services. This district determined 15 minutes for every hour of services would be utilized for this purpose. NOTE: This district does not have any supervisory responsibilities for its OT.

For this district: 17.7 hours of services X .25 = **4.4 hrs**

**Step 4:** Estimated ARC time requirements for the school year. For this particular school district, it is estimated that the time requirements for the OT in an average ARC is 60 minutes.

60 minutes X 53 students = 53 hours

There are 35 school weeks in the school year for this district.

53 hours/35 weeks = **1.5 hours**



**Step 5:** The district calculated additional time requirements. For this district, based on the locations of the schools and the number of students at particular schools, it would take approximately **3.5 hours** to travel to these locations in a week.

**Step 6:** Next, they determined the **workload** requirements assigned to the OT. There are 10 students in this district who are being monitored by the OT to ensure various accommodations and supports are being successfully implemented. These are not students with IEPs. Two of these students were released from special education and eight of these students are part of the district's early intervention program.

This school district also used the OT to target various school-wide and district-wide interventions.

Examples of activities included:

1. Publishing monthly OT articles in school newsletters,
2. Developing a sensory and fine motor lending library for teachers, and
3. Training teachers on handwriting strategies.

The OT estimated that these requirements would take an additional **1.5 hours** each week.

**Step 7:** The district totaled hours per week from Steps 1-6.

$$17.7 \text{ hrs} + 4.4 \text{ hrs} + 1.5 \text{ hrs} + 3.5 \text{ hrs} + 1.5 \text{ hrs} = 28.6 \text{ hrs}$$

**Step 8:** The district provided 45 minutes of planning each day for a total of **3.75 hours** each week.

$$28.6 \text{ hrs} + 3.75 \text{ hrs} = 32.35 \text{ hrs}$$

**Based on the calculations, this school district needed an OT for at least 32.35 hours each week. The district decided to employ an OT for 36 hours each week to give the district some flexibility and to allow for growth.**

Additional factors to consider when calculating staffing:

- Serving individual students in settings outside of the school setting (e.g., home, hospital, etc.),
- Local traffic and proximity of schools within the district can effect travel times,
- School start and finish times,
- Therapists involvement in school-wide intervention plans,
- Flexibility within the therapist's schedule to make-up sessions due to changes in schedules such as field-trips, and
- Ability to serve students within a group setting.

### Calculating Physical Therapy Time and Staffing Requirements for a District

Here is an example of how a local school district determined the number of PT to employ within their school district. It should be noted that the district took into account the caseload as well as the workload.

**Facts:**

- 17 students are currently receiving services from a PT.
- These students are located at 5 different schools.

**Step 1:** The district reviewed the IEPs of the 17 students to determine the amount of time identified by the ARC for the PT to meet the individual student's needs. This included time for the PT to provide CS, RR, and DS services.

**Step 2:** The district determined the total amount of service time per week. The amount of services necessary in a given week was determined by converting the time on the IEPs to weekly averages:

Example # 1- An IEP that indicated 30 minutes monthly for DS services would be calculated as **7.5** minutes per week.

Example # 2- An IEP that indicated 60 minutes monthly of RR and DS services would be calculated as **15** minutes per week.

For this particular district, it was determined that **425 minutes** or **7 hours** were necessary to meet the students' needs as outlined in the IEPs.

**Step 3:** Next, the district calculated the amount of time necessary in a week to conduct evaluations, write reports, document services, and to coordinate services. This district determined 15 minutes for every hour of services would be utilized for this purpose. NOTE: This district does not have any supervisory responsibilities for its PT.

For this district: 7 hours of services x .25 = 1.75 **hr**

**Step 4:** Estimated ARC time requirements for the school year. For this particular school district, it is estimated that the time requirements for the PT in an average ARC is 60 minutes.

60 minutes x 17 students = 17 hours

There are 35 school weeks in the school year for this district.

17 hours/35 weeks = **.5 hours**

**Step 5:** The district calculated additional time requirements. For this district, based on the locations of the schools and the number of students at particular schools, it would take approximately **2 hours** to travel to these locations in a week.

**Step 6:** Next, they determined the **workload** requirements assigned to the PT. There are 10 students in this district who are being monitored by the PT to ensure various accommodations and supports are being successfully implemented. These are not students with IEPs. Two of these students were released from special education and eight of these students are part of the district's early intervention program.

This school district also used the PT to target various school-wide and district-wide interventions.

Examples of activities included:

1. Publishing monthly PT articles in school newsletters,
2. Developing a sensory and fine motor lending library for teachers, and
3. Training teachers on handwriting strategies.

The PT estimated that these requirements would take an additional **1.5 hours** each week.

**Step 7:** The district totaled hours per week from Steps 1-6.

$$7 \text{ hrs} + 1.75 \text{ hrs} + .5 \text{ hrs} + 2 \text{ hrs} + 1.5 \text{ hrs} = 12.75 \text{ hrs}$$

**Based on the calculations, this school district needed a PT for at least 12.75 hours each week. The district decided to employ a PT for 14 hours each week to give the district some flexibility and to allow for growth.**

Additional factors to consider when calculating staffing:

- Serving individual students in settings outside of the school setting (e.g., home, hospital, etc.),
- Local traffic and proximity of schools within the district can effect travel times,
- School start and finish times,
- Therapists involvement in school-wide intervention plans,
- Flexibility within the therapist's schedule to make-up sessions due to changes in schedules such as field-trips, and
- Ability to serve students within a group setting.

## **Appendix G Case Study**

Mark is a 10 year old 5th grader at Central Elementary School. He is receiving services in special education in the area of Orthopedic Impairment. Mark's last evaluation was conducted 24 months ago and, at his last ARC on April 4, 2005, it was determined that an evaluation for determination of continued services would be completed by his next annual review on April 4, 2006. At the April 4, 2005 ARC, the committee determined the areas of concern that would be evaluated prior to the next ARC. It was determined the OT and PT would conduct components of the evaluation which would be included in an integrated assessment report.

Below is some information that was included in the evaluation report for Mark. While this is not the entire evaluation, it does include the information that is relevant to the occupational therapy and physical therapy needs of this student.

### **Integrated Assessment Summary Report**

Mark is a 10 year old child who was referred for a 3 year reevaluation to determine if he continues to qualify for special education services in the area of Orthopedic Impairment. Mark is currently in the 5<sup>th</sup> grade. He has a diagnosis of cerebral palsy (spastic quadriplegic) which caused poor control of movement of his arms and legs.

#### Communication Functioning-

According to speech/language assessment, receptive and expressive language skills are age appropriate.

#### Academic Performance

Work samples, norm-reference test results, and observation confirm Marks functions slightly below his peers in all areas of academic performance and below his peers in written communication of his ideas.

Observations and work samples confirm he can produce all letters using cursive and write all numbers. He can form most words common to his fifth grade curriculum. However, it takes him up to 4 times as long to complete each word as it does his peers. For example, he can write his first name, but it takes him at least one minute to complete it. It takes him at least twice as long to complete his name or any other words in manuscript. He can legibly show calculations and answers to problems; however it takes him at least twice as long as his classmates to complete the problems if more than one step is involved. The legibility of his handwriting, both cursive and manuscript, deteriorates with the length of the written work. Teacher reports and student work samples confirm he cannot communicate ideas legibly if more than 2 or 3 sentences of 5 or 6 words are required. However, when provided a scribe, tape recorder, or calculator with a printer. Mark can communicate ideas and complete assignments with extended time. He has been introduced to voiced text, but is not yet proficient with its use. When written work is scribed or taped, it shows evidence of planning, translating, and reviewing.

Mark has had difficulty with keyboard skills. He knows what the special function keys are but does not use them. He usually uses his right hand only and a 'hunt and peck' method for keyboarding and can only produce an average keyboarding speed of 3 words per minute which is significantly below his peers.

#### Health, Vision, Hearing, Motor Abilities

Hearing, vision, speech and health screenings are within normal range. Mark has a form of cerebral palsy (spastic quadriplegia) which causes poor control of movement of his arms and legs.

PT assessments indicate Mark can push his wheelchair independently, but he has limited ability to operate the wheel locks, seat belt and foot rest. Observations confirm he cannot transfer independently from his wheelchair to another chair or to a standing position without assistance. Using a walker, he can walk a distance of up to 50 feet with hands-on physical assistance.

Occupational therapy assessments indicate Mark is right hand dominant. He is able to use his left hand to assist with tasks but his coordination is slow and labored. Mark's writing is very slow and his legibility decreases when he writes more than 2-3 short sentences. Keyboard skills are very slow due to his physical limitations. Mark is able to feed himself but requires assistance for other self care skills.

#### Social Competence

Adaptive behavior assessment indicates Mark's school skills and daily living skills scores are below the age for his classmates, mostly due to the physical limitations as described in physical functioning. According to teacher reports, Mark seeks out peers during recess and free time and he displays age appropriate social skills. He volunteers to help other student in his class with math.

#### General Intelligence

Standard assessment of cognitive function yield scores slightly below the average range of intellectual performance compared to his same age peers.

Based on the information presented in this report, The ARC concluded Mark continues to demonstrate delays in academic performance, motor abilities and general intelligence and, therefore, continues to qualify for special education services under the disability Orthopedic Impairment.

Using the information from the integrated report, on-going progress data, and teacher and parent input the ARC developed the following IEP.

**INDIVIDUAL EDUCATION PROGRAM (IEP) - SAMPLE – For Training Purposes Only**

Name: Mark Student ID #: \_\_\_\_\_ DOB: 10 yrs old Date of ARC: 4/24/06  
 Disability: OT School: \_\_\_\_\_ Grade: 5  
 (If currently receiving Special Education Services) Review IEP By (Date): 4/24/07

<b>Education Performance Areas Assessed</b>	<b>Present Levels of Performance including how the disability affects the student's involvement and progress in the general curriculum</b> (For preschool children the effect on participation in appropriate activities) (For students aged 14, or younger if appropriate, a statement of transition needs is included and interagency linkages addressed at age 16.)
<b>Communication Status</b>	X <input type="checkbox"/> Performance commensurate with similar age peers Mark's receptive and expressive language skills are age appropriate.
<b>Academic Performance</b>	<input type="checkbox"/> Performance commensurate with similar age peers Work Samples, norm-reference test results, and observation indicate Mark functions slightly below his peers in reading, and math. In written communication Mark is functioning below his peers. He can produce all letters using cursive and write numerals. He can form most words common to his 5 <sup>th</sup> grade curriculum. However, it takes Mark up to 4 times as long to complete each word as it does his peers. He can write his name, but it takes at least one minute to print it and at least twice as long to complete it in manuscript. When performing math calculations his answers are legibly, however it takes him twice as long as peers to complete the problems if more than one step is involved. The legibility of his handwriting, both cursive and manuscript, deteriorates with the length of the written work. Teacher reports and work samples confirm he cannot communicate ideas legibly if more than 2 or 3 sentences of 5 or 6 words are required.
<b>Health, Vision, Hearing, Motor Abilities</b>	<input type="checkbox"/> Not an area of concern at this time Mark has a diagnosis of cerebral palsy (spastic quadriplegia). This affects his ability to control the movement of his arms and legs. Motor planning and fatigue limits his ability to perform at the same pace as his peers especially in written assignments. He can use a wheelchair independently, but needs assistance in transitioning from different mobility devices. Currently Mark performs 1 of the 5 steps of a transfer from his wheelchair to chair, toilet, or walker. He ambulates up to 50 ft with a walker and moderate physical assistance in 20 minutes. Mark's motor challenges will impact his ability to access his educational environment.
<b>Social and Emotional Status</b>	X <input type="checkbox"/> Performance commensurate with similar age peers Mark seeks out peer during recess and free time and he displays age appropriate social skills. He volunteers to help other students in the class with math.
<b>General Intelligence</b>	X <input type="checkbox"/> Performance commensurate with similar age peers Mark's standard assessment of cognitive function yields scores slightly below the average range when compared to his same age peers.
<b>Transition Needs</b>	X <input type="checkbox"/> Performance commensurate with similar age peers / or not a concern at this time <input type="checkbox"/> Instruction <input type="checkbox"/> Related services <input type="checkbox"/> Community experiences <input type="checkbox"/> Employment <input type="checkbox"/> Post-school adult living objectives <input type="checkbox"/> Daily living skills <input type="checkbox"/> Functional Vocational Evaluation
<b>Functional Vision/Learning Media Assessment</b>	X <input type="checkbox"/> Performance commensurate with similar age peers

**INDIVIDUAL EDUCATION PLAN (IEP)**

Name: Mark Student ID #: \_\_\_\_\_ DOB: 10 yr old Date of 4/24/06

**Consideration of Special Factors for IEP Development:**

- Does the child's behavior impede his/her learning or that of others? ☐ Yes x ☒ No **If yes**, include appropriate strategies, such as positive behavioral interventions and supports in the statement of devices and services below.
  
- Does the child have limited English proficiency? ☐ Yes x ☒ No **If yes**, what is the relationship of language needs to the IEP?
  
- Is the child blind or visually impaired? ☐ Yes x ☒ No  
**If yes**, the IEP Team must consider the following:
  - Is instruction in Braille needed? ☐ Yes ☒ No
  - Is use of Braille needed? ☐ Yes ☒ No
  - Will Braille be the student's primary mode of communication? ☐ Yes ☒ No (See evaluation data for supporting evidence.)
  
- Does the child have communication needs? x ☒ Yes ☐ No **If yes**, what are they?
  
- Is the child deaf or hard of hearing? ☐ Yes x ☒ No **If yes**, the IEP Team must consider the following:
  - The child's language and communication needs; Describe:
  
  - Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe:
  
  - Any necessary opportunities for direct instruction in the child's language and communication mode. Describe:
  
- Are assistive technology devices and services necessary, in order to implement the child's IEP? (May include instruction in Braille)

X ☐ Yes ☐ No **If yes**, indicate below.

Tape recorder, calculator with printer, voiced text, talking word processor, adapted keyboard

Statement of devices/services to be provided to address the above special factors (such as an intervention plan; accommodations; other program modifications)

## INDIVIDUAL EDUCATION PLAN (IEP)

Name: Mark Student ID #: \_\_\_\_\_ DOB: 10 yr old Date of 4/24/06

## Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities

**Annual Measurable Goal:** Mark will improve in his physical movement skills in a variety of educational environments as measured by progress data.

## Review of Progress of Annual Goal

Parent will receive a copy of progress towards annual goals at each grading period.

	1 <sup>st</sup> Report Period	2 <sup>nd</sup> Report Period	3 <sup>rd</sup> Report Period	4 <sup>th</sup> Report Period	5 <sup>th</sup> Report Period	6 <sup>th</sup> Report Period	7 <sup>th</sup> Report Period	8 <sup>th</sup> Report Period
Date Progress Report Sent to Parent								
Methods of Evaluation*	3, 5	3, 5	3, 5	3, 5	3, 5	3, 5		
Report of Progress**								
Goal Anticipation***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Methods of Evaluation**

- 1 Standardized Tests
- 2 Teacher-Made Tests
- 3 Teacher Observations
- 4 State and/or District Assessments
- 5 Progress Data

**\*\*Report of Progress**

- 1 No progress made
- 2 Very little progress being made towards goal
- 3 Some progress being made towards goal
- 4 Goal has been met

5 Other:

6 Other:

7 Other:

**\*\*\*Goal Anticipation**

**YES** Anticipate meeting goal by IEP annual review.

**NO** Do not anticipate meeting goal by IEP annual review.

## Benchmarks/Short-Term Instructional Objectives

1. With verbal and fading physical prompts, Mark will complete 4 of the 5 steps of a transfer from his wheelchair to/from a classroom chair and/or toilet on 2/3 trials.
2. With verbal and fading physical prompts, Mark will complete 4 of the 5 steps of transfer from his wheelchair to/from his walker on 2/3 trials.
3. Mark will ambulate between classes (100 ft) using his assistive device with stand by assistance in allotted time (10 minutes) on 2/3 trials.
- 4.



## INDIVIDUAL EDUCATION PLAN (IEP)

Name: Mark Student ID #: \_\_\_\_\_ DOB: 10 yr old Date of ARC: 4/24/06

## Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities

**Annual Measurable Goal:** Mark will improve his written language skills to communicate ideas and information to different audiences for different purposes.

## Review of Progress of Annual Goal

Parent will receive a copy of progress towards annual goals at each grading period.

	1 <sup>st</sup> Report Period	2 <sup>nd</sup> Report Period	3 <sup>rd</sup> Report Period	4 <sup>th</sup> Report Period	5 <sup>th</sup> Report Period	6 <sup>th</sup> Report Period	7 <sup>th</sup> Report Period	8 <sup>th</sup> Report Period
Date Progress Report Sent to Parent								
Methods of Evaluation*	3, 5	3, 5	3, 5	3, 5	3, 5	3, 5		
Report of Progress**								
Goal Anticipation***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Methods of Evaluation**

- 1 Standardized Tests
- 2 Teacher-Made Tests
- 3 Teacher Observations
- 4 State and/or District Assessments
- 5 Progress Data

**\*\*Report of Progress**

- 1 No progress made
- 2 Very little progress being made towards goal
- 3 Some progress being made towards goal
- 4 Goal has been met

5 Other:

6 Other:

7 Other:

**\*\*\*Goal Anticipation**

**YES** Anticipate meeting goal by IEP annual review.

**NO** Do not anticipate meeting goal by IEP annual review.

## Benchmarks/Short-Term Instructional Objectives

1. When given a lengthy writing assignment (over 4 sentences), Mark will complete the assignment using appropriate keyboarding skills within the given time frame as determined by the teacher.
2. When given a short writing assignment Mark will legibly write the responses as directed by the teacher.
- 3.
- 4.

INDIVIDUAL EDUCATION PLAN (IEP)

Name: Mark Student ID #: \_\_\_\_\_ DOB: 10 yr old Date of ARC: 4/24/06

Specially Designed Instruction in P.E.: Does the student require specially designed P.E.? x ☐ Yes ☐ No.

If yes, document as specially designed instruction below.

The following *specially designed instruction* will be provided through adapting, as appropriate, the **CONTENT, METHODOLOGY OR DELIVERY OF INSTRUCTION** of the IEP Goals and Benchmarks. You may also refer to the extensions for diverse learners in the Program of Studies. A statement of supplementary aids and services, if any, to be provided to the child or on behalf of the child must be included.

In physical education, Mark will need modified physical education activities when contact sports are being taught. Due to motor difficulties, Mark will need modified and shortened physical exercises.

SDI

Instruction in the use of a word processor,  
Instruction in weight shift progressive ambulation, and graded control activities,  
Instruction in task analysis, and chaining,  
Assistance with self help care

Typing tutorial

Adaptable writing utensils

Accommodations

Accessible environment

Proper positioning

Evacuation plan

Extra time between classes

Chunking assignments and shortened written assignments

Physical assistance for mobility

Copies of classroom notes and overheads

Scribe

Self-monitoring/reward system to promote independence

**Individual Modifications in the Administration of Assessments and in the Classroom**

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the ***Inclusion of Special Populations in the State-Required Assessment and Accountability Programs*** document.

☐ Readers X☒ Scribes ☐ Paraphrasing ☐ Reinforcement and behavior modification strategies

X☐ Prompting/cueing X☐ Use of technology ☐ Manipulatives ☐ Braille ☐ Interpreters

X☐ Extended time ☐ Other: \_\_\_\_\_ Scribe to be used for lengthy tests that will cause him fatigue.  
(specify)

☐ Student has been determined eligible for participation in the alternative portfolio assessment

Program Modifications/Supports for School Personnel that will be provided for the child:

Training and practice in evacuation plan for school personnel

Training in proper positioning for school personnel

## INDIVIDUAL EDUCATION PLAN (IEP)

Name: Mark Student ID #: \_\_\_\_\_ DOB: 10 yr old Date of ARC: 4/24/06

**LRE and General Education:** Explain the extent, if any, to which the student will **not** participate in:

☐ regular classes (content area): **none**

☐ extracurricular and nonacademic activities: **none**

**Special Education and Related Services:**

Type of Service*	Anticipated Frequency of Service	ANTICIPATED DURATION OF SERVICE		Location of Services**
		Amount of Time	Beginning/End Dates	
<input type="checkbox"/> special education	daily	1725	4/24/06 to 4/24/07	1
<input type="checkbox"/> Occupational therapy	weekly	75 min/month first 2 months of school year – 45 min/month rest of year	4/24/06 to 4/24/07	1/2
<input type="checkbox"/> Physical therapy	monthly	90 min/month first 2 months of school year – 60 min/month rest of year	4/24/06 to 4/24/07	1/2
<input type="checkbox"/> Transportation	Daily		4/24/06 To 4/24/07	6
<input type="checkbox"/>			to	

**\*Type of Service:**

- |                              |                                  |
|------------------------------|----------------------------------|
| 1. Special Education         | 8. Counseling                    |
| 2. Speech Language Pathology | 9. Orientation & Mobility        |
| 3. Audiology                 | 10. School Health Services       |
| 4. Psychological             | 11. Social Work                  |
| 5. Physical Therapy          | 12. Parent Counseling & Training |
| 6. Occupational Therapy      | 13. Transportation               |
| 7. Recreation                | 14. Instruction In Braille       |
|                              | 15. Other:                       |

**\*\*Location of Services:**

1. regular class
2. resource room / special class
3. special schools (KSD, KSB)
4. home instruction
5. hospital and institutions
6. other: **Lift bus**
7. other:

The OT and PT utilized the information in the IEP to determine the amount of services necessary for Mark. The ERW was used to assist in this process as reflected on the IEP for types of services, frequency, and amount of time.

### OT EDUCATIONAL RELEVANCE WORKSHEET

**Student:** Mark

**Date of Birth:**
**SDI Relevant to OT**

(Must be goal related and listed on IEP)

**SERVICE DELIVERY\***
**ESTIMATED TIME**

		<u>CR</u>	<u>RR</u>	<u>DS</u>	
Sensory modulation	_____	_____	_____	_____	_____
Sensory discrimination	_____	_____	_____	_____	_____
Sensory development	_____	_____	_____	_____	_____
Psychomotor integration	_____	_____	_____	_____	_____
Fine motor facilitation	X	_____	X	_____	30 min/month
Visual perceptual motor strategies	_____	_____	_____	_____	_____
Facilitation of postural control	X	X	_____	_____	30 min/2x/year
Chaining/shaping	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

**ACCOMMODATIONS** (Time for accommodations is listed as IEP time IF it requires input with the student present, assessment, or fabrication by the OT)

**EST. IEP TIME**

Access to assistive technology	X	15 min/month for all three items throughout the IEP year
Adapted materials/equipment (pre-made)	X	_____
Fabricate individualized equipment	X	_____
Observation/informal evaluation	_____	_____
Proper positioning	_____	_____
Sensory modulation equipment/supplies	_____	_____
Environmental adaptations	_____	_____
Other:	_____	_____

**SUPPORT FOR SCHOOL PERSONNEL** (Non IEP Time)

Team meetings	_____
Medical precautions (e.g., seizures, shunt, latex allergies, dislocations)	_____
Training on facilitation of motor planning/prompting	_____
Training on modified activities of daily living	X
Training on sensorimotor approaches/activities	_____
Training on neuro-based behavioral/learning approaches	_____
Training on psychomotor integration	_____
Other:	_____

**OTHER:**

 Communication with medical community \_\_\_\_\_  
 Other: \_\_\_\_\_

**RECOMMENDED FREQUENCY AND DURATION:** 60 min 1<sup>st</sup> -2 month of the IEP (Aug/Sept), then 30 min/mon

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLAN FOR DISCHARGE:**

- \_\_\_ Goals and objectives requiring therapy have been met and there are no additional goals requiring therapy services.
- \_\_\_ Problem ceases to be educationally relevant.
- \_\_\_ The student's needs can be met by another educational provider and therapy services are no longer required.

**PT EDUCATIONAL RELEVANCE WORKSHEET****Student: Mark****Date of Birth:****SDI Relevant to PT****SERVICE DELIVERY\*****ESTIMATED****(Must be goal related and listed on IEP)****TIME**

		<u>CR</u>	<u>RR</u>	<u>DS</u>	
Tone management strategies	_____	_____	_____	_____	_____
Facilitation techniques	_____	_____	_____	_____	_____
Graded control techniques	<u>X</u>	_____	_____	<u>X</u>	<u>15 min/month</u>
Weight shift techniques	<u>X</u>	_____	<u>X</u>	_____	<u>15 min/month</u>
Head and trunk control techniques	_____	_____	_____	_____	_____
Pre-ambulation strategies	_____	_____	_____	_____	_____
Progressive ambulation techniques	<u>X</u>	_____	<u>X</u>	_____	<u>30 min/month</u>
Strengthening strategies	_____	_____	_____	_____	_____
Balance techniques	_____	_____	_____	_____	_____
Weight bearing techniques	_____	_____	_____	_____	_____
Supportive positioning	<u>X</u>	<u>X</u>	_____	_____	<u>15 min/mon for last three combined for 1st- 2 months of the IEP</u>
Access to AAC	_____	_____	_____	_____	_____
Other: Task Analysis	<u>X</u>	_____	_____	<u>X</u>	<u>(see above)</u>
Adaptations	<u>X</u>	<u>X</u>	_____	_____	<u>(see above)</u>

**ACCOMMODATIONS (Time for accommodations is listed as IEP time IF it requires input with the student present, assessment or fabrication by the PT)**

Accessible environment	<u>X</u>				<u>15 min/mon for all three items combined for the 1<sup>st</sup> – 2 months of the IEP</u>
Proper seating	_____				_____
Evacuation plan	<u>X</u>				_____
Extra time between classes	<u>X</u>				_____
Physical assistance for mobility	_____				_____
Other:	_____				_____

**SUPPORT FOR SCHOOL PERSONNEL (Non IEP Time)**

Team meetings	_____
Medical precautions (e.g. seizures, shunt, latex allergies, dislocations)	_____
Training on lifting	_____
Communication with medical community	_____
Other:	_____

**RECOMMENDED FREQUENCY AND DURATION: 90 min 1<sup>st</sup>- 2 months of the IEP (Aug/Sept), then 60 min/month****Completed By: \_\_\_\_\_ Date: \_\_\_\_\_****PLAN FOR DISCHARGE:**

- \_\_\_ Goals and objectives requiring therapy have been met and there are no additional goals requiring therapy services.
- \_\_\_ Problem ceases to be educationally relevant.
- \_\_\_ The student's needs can be met by another educational provider and therapy services are no longer required.